L16000198653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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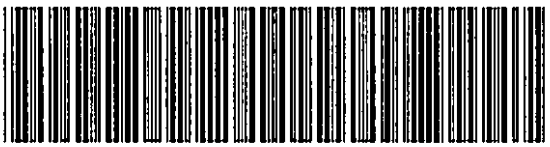

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2021 DEC -3 PM 12:42

FILED

TO: Registration Section
Division of Corporations

SUBJECT: Custom Pop Cards, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvette Monge
Name of Person

The Joy Place
Firm/Company

298 Higgins Ave NW
Address

Palm Bay, FL 32907
City/State and Zip Code

ymonge99@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvette Monge at (954) 682-5158
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

Custom Pop Cards, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/12/2016 and assigned Florida document number L16000188653.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Joy Place, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

298 Higgins Ave NW
Palm Bay, FL 32907

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

298 Higgins Ave NW
Palm Bay, FL 32907

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *Zip Code*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
______	______________________	______________________________	☐Add
		______________________________	☐Remove
		______________________________	☐Change
______	______________________	______________________________	☐Add
		______________________________	☐Remove
		______________________________	☐Change
______	______________________	______________________________	☐Add
		______________________________	☐Remove
		______________________________	☐Change
______	______________________	______________________________	☐Add
		______________________________	☐Remove
		______________________________	☐Change
______	______________________	______________________________	☐Add
		______________________________	☐Remove
		______________________________	☐Change
______	______________________	______________________________	☐Add
		______________________________	☐Remove
		______________________________	☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 29, 2021.

Signature of a member or authorized representative of a member

Yvette Monge

Typed or printed name of signee

Filing Fee: $25.00