LMOCOLEBOS

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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APR 0.7 2017 S. YOUNG TALLAHASSEE, FLORIDA

COVER LETTER

	egistration,Se ivision of Cor				
SUBJECT	Sticks-Pops	s, LLC			
	<u> </u>	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
	·	Benjamin Friedman	Ç		
			Name of Person		_
		Sticks-Pops, LLC			
			Firm/Company		Annual Control of the
		808 Nottage Hill St			
			Address		_
		St. Johns, FL 32259			
		benstephtay@gmail.com	City/State and Zip Code	***************************************	SÉC.
			to be used for future annual re	port notification)	TAPR-6 PM
For further	information c	concerning this matter, please ca	all:		- SEL
Benjamin I	Friedman		904 217- at ()	8949	2 70
	Name o	of Person	Area Code	Daytime Telephone Number	2: 10
Enclosed is	a check for the	he following amount:			
\$25.00	Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certifie	ate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sticks-Pops, 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 Lial	bility Company were filed on March 27, 2017 and assigned
Florida document number L17000068805	.
This amendment is submitted to amend the follow	ving:
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	OX)
	ALU
	75 PF
B. If amending the registered agent and/or	r registered office address on our records, enter the name of the new
registered agent and/or the new registered offi	mo
	2
Name of New Registered Agent:	? 0
New Registered Office Address:	6 Ş
the state of the s	Enter Florida street address
	, Florida
	City 7in Code

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Stephanie Friedman		☐ Add
			■ Remove
			□ Change
			□ Add
			☐ Remove
		A	□ Change
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			□ Remore CE
			□ Add RAPR PR
	Mario Paris Carlos Carl		
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ctive date, if other than the effective date is listed, the date must be inserted in this blument's effective date on the D	st be specific and cannot book does not meet the	applicable statuto	ling or more than 90 cory filing requirement	(optional) tays after filing.) Pursuant ents, this date will not l	to 605.020 be listed a
mem s officerive dute on the B	opartition of Said 3 re	cords.			
record specifies a delayed ne 90th day after the rec		ut not an effe	ctive time, at 1	.2:01 a.m. on the	earlier (
March 4th	, 2017				
<i>N</i> o					
1/	Signature of a member of	or authorized repre-	sentative of a membe	·r	
	g v momou	topio		-	

Filing Fee: \$25.00