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COVER LETTER

TO;	Registration Se Division of Cor			
SUBJE	Pop of Marl	seting LLC		
.701312		Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub		
Please r	eturn all correspo	Ruth Prewitt	to the following:	
			Name of Person	
		Pop of Marketing LLC		
			Firm/Company	
		746 Shropshire Loop		
			Address	
		Sanford, FL, 32771		
		ruth@popofmarketing.com	City/State and Zip Code	
		E-mail address: (t	o he used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ea	ill:	
Ruth Pr	rewitt		863 873-0141	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pop of Marketing LLC					
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records. a Limited Liability Company)				
The Articles of Organization for this Limited Liability C	Company were filed on November 28, 2018	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company here:				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		<u> </u>			
(Principal office address MUST BE A STREET ADD	RESS)				
		SE 8			
		CAR			
Enter new mailing address, if applicable:		27 C 11			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the fiame of the nev			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Flor				
	City	Zip 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>	Name	<u>Address</u>	Type of Action
Owner	Ruth Elaine Prewitt	746 Shropshire Loop Sanford, FL, 32771	Add
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fective date, if other than the	date of filing:	(optional)	
an effective date is listed, the date mus	t be specific and cannot be prior to date of fi	iling or more than 90 days after filing.) P	ursuant to 605.020
ote: If the date inserted in this bi- ocument's effective date on the D	ock does not meet the applicable statut epartment of State's records.	ory thing requirements, this date wi	ii not be listed a
record specifies a delayed	effective date, but not an effe	ective time, <u>at 1</u> 2:01 a.m. on	the earlier o
The 90th day after the rec	ord is filed.		
December 5	2018		
ated			
\mathcal{O}	Lu (Vivil)		
1/21	Signature of a member or authorized repre		

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Filing Fee: \$25.00