L18000274681

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
SUBJECT: Poo	Up Mastermir	ds LLC			
Sobster	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	<u> Nicole</u>	'Niajac' Wallac	<u>ce</u>		
		Firm/Company			
	W 868H	· Gardy Blud.			
	Tampa, F	City/State and Zip Code	<u> </u>		
		Oniajae.com			
For further information c	oncerning this matter, please ca	all:			
Nicole'Nia	jac' Wallace	at (<u>727</u>) <u>452</u> Area Code Daytin	-3650		
Name o	it Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection		
Division of C		Division of Corporations			
P.O. Box 632		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810		
Tallahassee,	Γ L, ラ ∠ラ I サ	Z#TJ (N. IVIOUIC	ic outcompanie org		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7022 W	ED
2022 JUN 24 P	
MASSEE OF	5721

Pop Up Masterminds LLC
(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 11.28.2018 and assigned Florida document number L18000274681 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Majae LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C," 4828 W. Gardy Blud. Enter new principal offices address, if applicable: Tampa F.L. 33611 (Principal office address MUST BE A STREET ADDRESS) 6207 S. West Share Blud. WE RECOCCESSED TO STAND Enter new mailing address, if applicable: Tampa F.L. 33616 (Mailing address MAY BE A POST OFFICE BOX) 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:

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.

City

Enter Florida street address

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> Fitle</u>	<u>Name</u>	Address	Type of Action
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			□Add
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cord sp s filed.	ecifies a del	ayed effective	e date, but no	t an effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th day a	fter the
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		\mathcal{I}	Signature of a	member or au	iio moonepies	emauve or a me	iiii/Ci		