L19000006365

(Requestor's Name) (Address)					
(Address)					
(Address)					
2.17					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Busiless Effety Marile)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
i					





700323781537

M/28/19--01026--005 **30.00

A CONTROL STATE

grand amon brund

COVER LETTER

	istration Sec ision of Corp				
SUBJECT:	POP OFF PI	ICTURES, LLC			
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		BENJAMIN KORRAY			
			Name of Person		
		KORRAY LAW, LLC			
			Firm/Company		
		973 NE 95TH STREET			
		Address			
	MIAMI SHORES, FL 33138				3 15
		BENJAMIN@KORRAYL	City/State and Zip Code AW.COM		ن باز ن باز کام میران
		E-mail address: (to be used for future annual repor	rt notification)	و در در در مورد در در در مورد در در در در در مورد
For further in	nformation co	ncerning this matter, please co	all:		9: 20 9: 20
BENJAMIN	KORRAY		646 838-13	74	0 15°C
	Name of	Person	Area Code D	aytime Telephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

		· - «.
•	CLES OF AMENDMEN TO LES OF ORGANIZATI	
ARTICI	OF	ion /
		, s , s
POP OFF PICTURES, LLC	iability Company as it now appears	on our records.)
(A F	ability Company as it now appears lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 01/0	3/2019 and assigned
Florida document number L19000006365	·	· ·- ·
This amendment is submitted to amend the following	ıg.	
A. If amending name, <u>enter the new name of the</u>	limited liability company her	<u>e</u> :
STREET PONY, LLC The new name must be distinguishable and contain the words		
Enter new principal offices address, if applicable Principal office address MUST BE A STREET A Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	<u>DDRESS)</u>	
3. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		our records, enter the name of the nev
New Registered Office Address:	Enter Floria	la street address
_	City	, Florida 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>	<u>Name</u>	Address	Type of Action
AMBR	JOHN SINDONI	4242 NW 2ND ST #1005	
		MIAMI, FL 33126	
			□ Remove
			Change
			□ Remove
			Change
			Remove
			□ Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Remove
			□ Change

D. If amending any other informati	on, enter change(s) here: (Attach additional shee	ets, if necessary.)
-		
 		
 		
 		
		
		·
	<u> </u>	
Note: If the date inserted in this bloc	ate of filing: be specific and cannot be prior to date of filing or more than 90 k does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
the record specifies a delayed The 90th day after the record	effective date, but not an effective time, at dis filed.	12:01 a.m. on the earlier of:
Dated JANUARY 23	2019	
	ignature of a member of authorized representative of a mem	ber
BENJAMIN KORRAY		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00