1190000 52 739

		·
(Re	equestor's Name)	
(Ad	idress)	
V	,	
(Ad	idress)	
		!
(Cit	ty/State/Zip/Phone	#)
•		•
PICK-UP	WAIT	MAIL
		,
(Bu	isiness Entity Nam	ie)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
		I
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
		1
		'
		,
<u></u>		

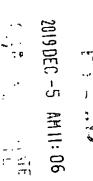




200337522782

12/05/19==01008==011 **25.00

S TALLENT JAN 13 2020



Myle

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	CC'S CRUZ	THRU LLC		
		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Christy S. Mask		
			Name of Person	
		 	Firm/Company	
		301 West Dade Avenue		
Address				
		Bushnell, FL 33513		
City/State and Zip Code				
		espaude614@gmail.com	to be used for future annual report notific	eation)
For further in	nformation cor	ncerning this matter, please co		ation)
Christy S. M	1ask		350 , 457-1	5923
	Name of I	Person	a(<u>/////</u>)	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	iling Address:		Street Address:	

Registration Section

TO:

Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record	<u>s.</u>)
he Articles of Organization for this Limited Liability Company	·	and assigned
lorida document number L19000052739		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Aolly Pops on Main, LLC		~ ^
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation L.L.C."
nter new principal offices address, if applicable:	920 N. Main Street	
Principal office address MUST BE A STREET ADDRESS)	Bushnell, FL 33513	l US
		<u> </u>
ter new mailing address, if applicable:	920 N. Main Street	······································
lailing address MAY BE A POST OFFICE BOX)	Bushnell, FL 33513	·
If amending the registered agent and/or registered office a tent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
		orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			□Remove
			□Change

Page 2 of 3

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	······
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
(If an effective Note: If t	date, if other than the date of filing:
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	December 2 2019.
	Chask
	Signature of a member or authorized representative of a member
	Christy S. Mask
	Typed or printed name of signee