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(Re	equestor's Name)	
(Ai	ddress)	
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(C	ity/State/Zip/Phone #)	•
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Sec Division of Corp			
POP K LLC			
SUBJECT:	Name of Limit	ted Liability Company	-
The enclosed Articles of A	amendment and fec(s) are sub-	mitted for filing.	
Please return all correspor	dence concerning this matter t	to the following:	
	YVES MAIA		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	TAX LINKS CONSULTA	NTS LLC	
		Firm/Company	
	7754 KINGSPOINTE PKV		
		Address	
	ORLANDO, FL 32819		
	YMAIA@TAXLINKSCON	City/State and Zip Code SULTANTS.COM	
	E-mail address: (t	to be used for future annual rep	ort notification)
For further information ed	oncerning this matter, please ca	ıll:	
YVES MAAI		407 270-4	1846
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 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)

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 K LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 04/15/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	2
		5:01
		थं
Enter new mailing address, if applicable:		9
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Flori	ida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	HILDECLEITON SILVA	14430 DESERT HAVEN ST	■ Add
		WINDERMERE, FL 34786	■ Add
		·	Remove
			Change
			Add
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	09/23/		,	4* 1\	
Effective date, if other than the d If an effective date is listed, the date must I Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the a	pplicable statutor	ig or more than 90 days y filing requirements	ptional) after filing.) Pursuant to 6 this date will not be li	05.0207 (1 sted as th
ne record specifies a delayed The 90th day after the reco	effective date, burd is filed.	it not an effec	tive time, at 12:0	01 a.m. on the ear	lier of:
Dated SEPTEMBER 23	2019				
	·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00