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COVER LETTER

Division of Corporations Southern Popped! LLC BJECT: Name of Limited Liability Company ie enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Nancy Rollin Name of Person Southern Popped! LLC Firm/Company 251 Bahia Blanca Dr Address Punta Gorda, FL 33983 City/State and Zip Code SouthernPopped@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nancy Rollin Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee **\$55.00** Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address:

Registration Section

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

Street Address:

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

.ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Southern Popped! LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company	y were filed on October 11,2019	and assigned
orida document number L19000256926		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	
Inter new principal offices address, if applicable:		DEC
Principal office address MUST BE A STREET ADDRESS)		<u>β</u> 3 ω
		THE REPORT OF
Inter new mailing address, if applicable:		IZ: 43
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office	address on our records, enter the	name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	nner r tortaa street augress	
	, Florid	
	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

imending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added removed from our records</u>:

GR = Manager

4BR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
R	Mark Rollin	251 Bahia Blanca Dr Punta Gorda, FL 33983	□Add
			Remove
			□Change
.R	Nancy Rollin	251 Bahia Blanca Dr Punta Gorda, FL 33983	■Add
			□Remove
		TALLAMASSER	Change
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	e specific and cannot be prior to date of filing or k does not meet the applicable statutory fil	(optional) r more than 90 days after filing.) Pursuant to 605.0207 (3 ling requirements, this date will not be listed as the
record specifies a delayed effective dis filed.	date, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after the
December 10 Dated	2019	
Many R	gnature of a member or authorized representati	
<u> </u>	ignature of a member or authorized representati	ive of a member
Nancy Rollin		
	Typed or printed name of signee	

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