

L19000256926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

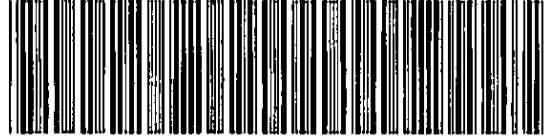
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/22/21--01004--022 **25.00

2021 OCT 12 PM 3:34

O SIMMONS

OCT 14 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 12 PM 12:48

October 1, 2021

MARK ROLLIN
24123 PEACHLAND BLVD
UNIT C8
PORT CHARLOTTE, FL 33954

SUBJECT: SOUTHERN POPPED! LLC
Ref. Number: L19000256926

We have received your document for SOUTHERN POPPED! LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 521A00023758

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Southern Popped! LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Rollin

Name of Person

Southern Popped! LLC

Firm/Company

24123 Peachland Blvd Unit C8

Address

Port Charlotte FL 33954

City/State and Zip Code

valkryie101@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Rollin

330

554-1099

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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 Address:

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**

Southern Popped! LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

10/21/2021 12 PM 3:34

The Articles of Organization for this Limited Liability Company were filed on 9/20/2021 and assigned
Florida document number L19000256926.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

24123 Peachland Blvd C-8

Port Charlotte, FL 33954

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

24123 Peachland Blv C-8

Port Charlotte FL 33954

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:

Mark Rollin

New Registered Office Address:

3417 Nighthawk Court

Enter Florida street address

Punta Gorda

Florida 33950

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 OCT 12 PM 3:34

m.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

10-09-2021

Signature of a member or authorized representative of a member

MARK ROLLINS

Typed or printed name of signee