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(Re	questor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Divis	ion of Co	rporat	ions		
SUBJECT:	Pop	UP	BIUE ASSO	Ciution, LLC	
_			Name of Limi	ited Liability Company	
The enclosed a	Articles o	f Amen	dment and fee(s) are sub	mitted for filing.	
Please return a	Il corresp	ondenc	e concerning this matter	to the following:	
			Deann	Name of Person	
			POP UP B	NOE ASSOCIATION	LLC
				Firm/Company	
			4300 W \a	KRMMY BIVD Soi	k 1010 H136
				Address	
		_	Lake Ma	City/State and Zip Code City/State and Zip Code	
		,	20 ()	City/State and Zip Code	
		<u> </u>	E-mail address: (t	へいいナしりがんしし to be used for future annual report notif	ication)
For further inf	ormation		ning this matter, please or		
Dec	えへへ	w Ì	1.700+	at (A07) Gb5- Area Code Daytimo	- 6778
	Name	of Perso	on	Area Code Daytime	: Telephone Number
Enclosed is a	check for	the foll	owing amount:		
又 \$25.00 Fi	ling 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)
	ng Addr		Nn.	<u>Street Address:</u> Registration Sec	otion
Regi	stration	-Section	.711	Registration Sec	

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

Registration Section

TO:

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

The Articles of Organization for this Limited Liability Company	were filed on 10/23/2019	and assigned
Florida document number L 1900266067	There is the different of the control of the contro	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Quality Accompositions, L. The new name must be distinguishable and contain the words "Limited Liabil	LC	
	ity Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		<u>. </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	iddress on our records, <u>enter the name (</u>	of the new registered
agent and/or the new registered office address here:		,
		بنن
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	- :
	City	Zip Codé 📑
New Registered Agent's Signature, if changing Registered Agent:		63
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fan provided for in Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

in amonging Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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			□Remove
			□Change
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Effective date, if other than the date of filing	
	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 neet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Department of St	
	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
S 2012 2 12 1	7 02 1
Daled September 11.	2021.
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Leee	ue Plus

Filing Fee: \$25.00