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COVER LETTER

| THEPOPHOSUBJECT: | HOME, LLC | |
|-----------------------------|---|---------|
| | Name of Limited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are submitted for filing. | |
| | · | |
| Please return all correspo | ondence concerning this matter to the following: | |
| | Jessica McGillicuddy | |
| | Name of Person | |
| | The Pop Home, LLC | |
| | Firm/Company | |
| | 2580 Natures Way | |
| | Address | |
| | Palm Beach Gardens, FL 33410 | |
| | City/State and Zip Code | |
| | jess@thepophome.com | |
| | E-mail address: (to be used for future annual report notification) | |
| For further information c | concerning this matter, please call: | |
| Jessica McGillicuddy | 772 696-3016 at () | |
| Name o | of Person Area Code Daytime Telephone Number | - |
| Enclosed is a check for the | the following amount: | |
| ☐ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe | 42 |
| E \$25.00 Thing Fee | Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | tatus & |
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Registration Section

Division of Corporations

TO:

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

THEPOPHOME, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/28/2020}{1}$ Florida document number ______120000033917 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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> | Address | Type of Action |
|--------------|----------------------|------------------------------|----------------|
| AMBR | Jessica McGillicuddy | 2580 Natures Way | ■Add |
| | | Palm Beach Gardens, FL 33410 | □Remove |
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| ective date, if other than the offective date is listed, the date must | date of filing: | | optional) optional) | ursuant to 605 020 |
| e: If the date inserted in this blo | ck does not meet the appl | icable statutory filir | | |
| ument's effective date on the De | partificit of State's record | 15. | | |
| cord specifies a delayed effective | date, but not an effective | time at 12:01 a.m. | on the earlier of: (b) The S | 90th day after the |
| filed. | | | | |
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| ed February 13 | | · | | |
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| 18h 11. 11 | 1000 | <i></i> | | |
| 77 | Signature of a member or aut | morizeg representative | of a member | |
| Jessica McGillicuddy | Signature of a member or aut | norized representative | or a member | |

Filing Fee: \$25.00