L20000102864

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(engleteta <u>L</u> .p.) Helie ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700348854457

97/27/20--01006 -006 *#25.00

RECEIVED JUL 2 1 2020

S. YOUNG

SEP 04 2020

COVER LETTER

Division of Corp			
SUBJECT: Pop	LOCK N ROLL	IAC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	RAPHAÉL (Name of Person	
		CK N ROU L Firm/Company	<u></u>
	_3247 NATURE	CIR APT. 103 Address	
	SARASa	TA FL 34235 City/State and Zip Code	
	RGODFREY E-mail address: (4	0316 Q CMAIL.C	or notification)
For further information col	ncerning this matter, please ca	alt:	
RAPHAEL	GOD FATH	at (9 44 () 86	07-5233
Name of	Person	at (<u>4/1</u>) <u>86</u> 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 enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se		<u>Street Addı</u> Registrati	ress: on Section

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

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

POP LOCK 1	v Roll LLC 標準 つ
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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>	Address	Type of Action
AMBR	Krista FaeD	3247 Notture Cir. Apt 10	<u>3</u> □Add
		Sarasota, FL 34735	
			Change
			🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
	 		□Add
			Петюvе
			□Change
			□Add
			□ Remove
			□Change
			DAdd
			□ Remove
			C) ou

Effec	tive date, if other than the date of filing: (optional)
fan c	tive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	•
roci	ord 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
	filed.
)ate	1 01/14/20 -
Jaici	1 01/14/20
	Signature of a member or authorized representative of a member
	Signature of Thember or authorized representative of a member

Filing Fee: \$25.00