

L20000 241925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

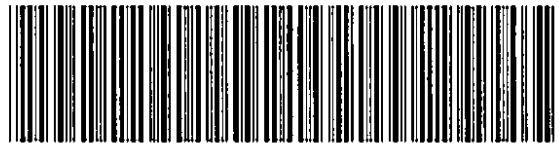
(Business Entity Name)

(Document Number)

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09/24/20--01002--004 **25.00

09/24/20 10:00

OCT 30 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pop's Smokes Shop
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:

Alexander Gabriel Castro
Name of Person

Pop's Smokes Shop
Firm/Company

6431 SW 16th Ct
Address

North Lauderdale FL 33068
City/State and Zip Code

PopSmokesShop@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alain Perez at (239) 240 3025
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Pops Smokes Shop

(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 8/10/2020 and assigned
Florida document number L20000241225

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)

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:

Alexander Gabriel Castro

New Registered Office Address:

6431 Sw 16th St

Enter Florida street address

North Lauderdale

City

Florida

33068

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.

Alex Castro

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Alexander Castro	6431 Sw 16 th Ct #50	<input type="checkbox"/> Add
		North Lauderdale	<input type="checkbox"/> Remove
		FL, 33068	<input checked="" type="checkbox"/> Change
CEO	Pedro Cabrera	3109 Oakland St Sts	<input type="checkbox"/> Add
		Drive APT # 5102	<input checked="" type="checkbox"/> Remove
		Oakland Park FL 33304	<input type="checkbox"/> Change
Dir	Alain Perez	3801 Sw 171 terrace	<input type="checkbox"/> Add
		Miramar FL, 33027	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated September 11th, 2020.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00