

L20 000245823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2020 SEP -8 AM 6:42
TALLAHASSEE, FL
SOUTHERN DISTRICT

D. BRUCE
OCT 19 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BIG POP PROPERTIES, 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:

JILL CREAGER

Name of Person

SHAMROCK PTC, LLC

Firm/Company

10801 STARKEY ROAD, SUITE 104-108

Address

SEMINOLE, FL 33777

City/State and Zip Code

ALERTS@PROVIDENCEFAMILYOFFICES.COM

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

For further information concerning this matter, please call:

JILL CREAGER

813 983-7860

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
315 S. Duval Street, Suite 616
Tallahassee, FL 32301

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BIG POP PROPERTIES, 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 8/12/2020 and assigned
Florida document number L20000245823

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)

10801 STARKEY ROAD, SUITE 104-108

SEMINOLE, FL 33777

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:

SHAMROCK PTC, LLC AS TRUSTEE

New Registered Office Address:

10801 STARKEY ROAD, SUITE 104-108

Enter Florida street address

SEMINOLE

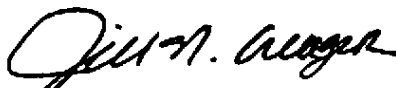
, Florida 33777

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

SVP & Sr. Trust Officer
Shamrock PTC, LLC

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	SHAMROCK PTC, LLC, AS TRUSTEE OF CHRIS THOMAS SULLIVAN 2008 INSURANCE TRUST	10801 STARKEY ROAD, SUITE 104-108	<input checked="" type="checkbox"/> Add
		SEMINOLE, FL 33777	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SULLIVAN, CHRIS T	1511 N. WEST SHORE BLVD. SUITE 750	<input type="checkbox"/> Add
		TAMPA, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SULLIVAN, ALEXANDER L	4904 LYFORD CAY ROAD	<input type="checkbox"/> Add
		TAMPA, FL 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SULLIVAN, KATHLEEN T	4904 LYFORD CAY ROAD	<input type="checkbox"/> Add
		TAMPA, FL 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MUDGE, EDMUND T, V	2115 W. WATROUS AVENUE	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MUDGE, ASHLEY S	2115 W. WATROUS AVENUE	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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>
AMBR	SULLIVAN, SANDRA L	3507 BAYSHORE BLVD. #2201	<input type="checkbox"/> Add
		TAMPA, FL 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2020 SEP - 8
ALLA ASSOCIATES, LLC
6:11 PM

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

REC'D
FBI
SEP -8 AM 6:42
JALLAHASSEE FL

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 SEPTEMBER 02, 2020

Jill N. Wagner
Signature of a member

Signature of a member or authorized representative of a member

JILL CREAGER

SVP & Sr. Trust Officer
Shamrock PTC, LLC

Typed or printed name of signee