## L20000341841

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	,		
SUBJECT: DG HAND	YMAN & FDCHRIST TRAN: Name of Lim	SPORTATION LLC	
	Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALAN MARTINEZ		
		Name of Person	<del></del>
	SIMPLEX GROUP		
	-	Firm/Company	
	7500 NW 52ND ST		
		Address	<del> </del>
	MIAMI, FL 33166		
	<del></del>	City/State and Zip Code	
	Corps < Corps@simplexgro		<u>-</u>
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	ail:	
ALAN MARTINEZ / SIMPLEX GROUP		305 5998287 at ()	
Name of Person		Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne 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		Street Address:	action
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	<del>-</del>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION **OF**

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## DG HANDYMAN & FDCHRIST TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on 10/27/2020 and assigned
Florida document number L20000341841
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
POPY TRANSPORTATION LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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, <u>enter the name of the new registered</u> agent a <u>nd/or the new registered office address here</u> :
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
Planid a
, Florida
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
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			Change
			□Remove
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Dated _		<u> </u>	W	or anthonia	nd respectatori	a of a mamba			
Dated _		Signatur	e of a member	or authorize	ed representati	ve of a member		<del></del>	

Filing Fee: \$25.00