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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	99 Pops.co	m, LLC		
SUBJ	ECT:			<u></u>
		Name of Lin	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Valorie Thompson-Hunt		
			Name of Person	
		99 Pops.com, LLC		
			Firm/Company	·
		10810 Boyette Rd #2175		
			Address	
		Riverview, FL 33569		
		99pops.com@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	tification)
For fu	rther information c	oncerning this matter, please c	all:	
Valori	e Thompson-Hunt		443 280-2211	
			at ()	
	Name o	t Person	Area Code Daytii	me Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ S2	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 Addres		Street Address:	oction
Registration Section Division of Corporations		Registration Se Division of Co		
	P.O. Box 632	-	The Centre of	
	Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

99 Pops.com, LLC

2021 FEB -1 AM 9: 23

The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our regords: ETARY Liability Company) TALLARAS	OF STATE
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 reagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	The Articles of Organization for this Limited Liability Company	were filed on December 16th 2020	and assigned
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 reagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	This amendment is submitted to amend the following:		
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 reagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida -  Florida	A. If amending name, enter the new name of the limited lial	oility company here:	
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 and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address	The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbr	eviation "L.L.C."
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 address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Enter new principal offices address, if applicable:		<u> </u>
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 and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	(Principal office address MUST BE A STREET ADDRESS)		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new reagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida		10810 Boyette Rd #2175	
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida			
New Registered Office Address:  Enter Florida street address  Florida	4,7	address on our records, enter the name	of the new regi
Enter Florida street address Florida	Name of New Registered Agent:		
	New Registered Office Address:	Enter Florida street address	
		. Florida	
			Zip Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	Christopher Thompson	10542 Standing Stone Dr	
	<del></del>	Wimauma, FL 33598	□Add
			Remove
AP	Valorie Thompson-Hunt	10542 Standing Stone Dr	
		Wimauma, FL 33569	<b>≅</b> Add
		wimauma, FL 33309	□Remove
			☐ Change
			□Add
			Remove
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Effecti	January 26, 2021 we date, if other than the date of filing: (optional)
f an effe Note:	ctive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e record rd is file	is 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 ed.
Dated _	January 26
	1 / 4 /

Typed or printed name of signee