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(Re	questor's Name)	•
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
		-
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
Special instructions to	Timing Officer.	
		6/11/2j

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COVER LETTER

TO:	Registration Security Division of Cor		•	
	Pops Smoke	e Shop Group LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Sigfredo Calderon		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Pops smoke shop Group Ll		
			Firm/Company	
		17501 Blessed Place		
			Address	 _
		Lutz Florida, 33549		
		popssmokeshop21@gmail.c	City/State and Zip Code	
		E-mail address: (to be used for future annual report notil	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
Sigfre	edo Calderon		813 363-3976	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclo	sed is a check for th	ne following amount:		
= \$3	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APPLICATION

Pops Smoke Shop Group LLC

21 APR 25 PH 1: 17

(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 C	Company were filed on	and assigned
Florida document number	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	<u> </u>	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
	-t	le enter the name of the ne
B. If amending the registered agent and/or registered agent and/or the new registered office add		is, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	ess
	. F	lorida
	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

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		A CONTRACTOR OF THE PROPERTY O		
<u>Title</u>	Name	Address 21 APR 26 PM 1: 17	Type of Action	
AMBR	Sigfredo Calderon	17501 Blessed Place Lutz,Fl 33459	■ Add	
			Remove	
			Change	
AMBR	Brunida Calderon	17501 Blessed Place Lutz, Florida 33549		
			Remove	
			Change	
AMBR	AMBR Rolaan Cuevas	2440 Caretta Ave Spring Hill, Florida 34609		
			□ Remove	
			Change	
MGR Maribel Giusto	4527 Clarkwood Court Land O Lakes, Florida 34639	■ Add		
			☐ Remove	
			☐ Change	
		🖸 Add		
			□ Remove	
			Change	
		Add		
			Remove	
			□ Change	

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	03/01/2021
	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 at meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effective The 90th day after the record is filed	e date, but not an effective time, at 12:01 a.m. on the earlier of d.
April 20	2021
1) 0	-··

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00