121000100315

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	PICK-UP WAIT M	AIL
	(Business Entity Name)	
	(Document Number)	
Certified (Copies Certificates of Status _	
Special	Instructions to Filing Officer:	}
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Office Use Only



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21 AUG 16 FH 3: 44

COVER LETTER

TO: Registration Se Division of Cor			
Five Star P	opcorn Removal LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Barrington Barrett		
		Name of Person	
	Five Star Popcorn Remova	al LLC	
		Firm/Company	-
	1402 NW 19th street		
		Address	
	Fort Lauderdale Florida, 3	3311	
		City/State and Zip Code	
	barrett B 199 E-mail address: (DO iCOUD COM to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Barrington Barrett		754 4233349	
Name e	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monre	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 AUG 15 PH 3: 44

Five Star Popcorn Removal LLC	L ·	
(Name of the Limited Liabit (A Florid	ity Company as it now appears of a Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability C Florida document number 121000100315	Company were filed on 03/02	2/2021 and assigned
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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ords, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floride	a street address
		, Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register	complete performance of m agent as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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:

or removed from our records:				
MGR = M AMBR = A	lanager Authorized Member	Address 21 AUG 16 PH 3: 44		
Title	<u>Name</u>	Address 21 AUG 10	Type of Action	
MGR	Barrington Barrett	1402 NW 19th street Fort Lauderdale FL, 33311	■Add	
			□Remove	
			□ Change	
			🗆 Add	
			□Remove	
			□Change	
			□Add	
			🗆 Remove	
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			□ Ađd	
			□ Remove	
			□Change	
			□Add	
			□Remove	

-	mation, enter change(s) here: (Attach additional sheets, if necessary.)
	21 AUG 18 PH 3: 44
<u></u>	
	
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 is block does not meet the applicable statutory filing requirements, this date will not be listed as
Note: If the date inserted in the document's effective date on the	ne Department of State's records.
	·
	Control of the Contro
e record specifies a delayed effi rd is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ig is med.	
. 8/10	2021
Dated	
	77
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
Barrington Barrett	
Darrington Darrett	

Filing Fee: \$25.00