L21000328702

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| | | |
| PICK-UP | MAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| · | • | , |
| (Do | cument Number) | |
| (50 | ·, | |
| Certified Copies | Codificator | of Status |
| Certified Copies | _ Cerunicates | S OI Status |
| | | |
| Special Instructions to | Filing Officer; | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400370490754

RECEIVED

JUL 26 2021

07/27/21--01003--029 **25.00

÷

elala a

N. EDANY BU

2221 AUG 18 PM 1:43

Letter Number: 321A00019036

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2021

MICHAEL B STEEL 3125 N. JUNIPERUS WAY BEVERLY HILLS, FL 34465

SUBJECT: ONE POPDROP LLC Ref. Number: L21000328702

We have received your document for ONE POPDROP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|---|
| One PopD | rop | | |
| SUBJECT: | Name of Lim | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | Michael B Steel | | |
| | | Name of Person | |
| | One PopDrop | | |
| | | Firm/Company | |
| | 3125 N Juniperus Way | | |
| | | Address | |
| | Beverly Hills FL 34465 | | |
| | | City/State and Zip Code | |
| | popdroplle@yahoo.com | to be used for future annual report not | 14 |
| For further information of | concerning this matter, please or | · | meanon) |
| | oncerning this matter, please c | | |
| Michael B Steel | | 727 2777016 at () | |
| Name o | of Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for t | 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 Registration | | <u>Street Address:</u> Registration Se | ection |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| One PopDrop | | |
|--|---|--|
| (<u>Name of the Limited Liabi</u> (A Flori | ility Company as it now appears on our records.) da Limited Liability Company) | |
| he Articles of Organization for this Limited Liability lorida document number <u>W21000102085</u> | Company were filed on 07/20/2021 | and assigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the lin | nited liability company here: | |
| he new name must be distinguishable and contain the words "Li | mited 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 ADD | ORESS) | |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | _ | |
| | | |
| 3. If amending the registered agent and/or registere gent and/or the new registered office address here: Name of New Registered Agent: | ed office address on our records, <u>enter the na</u> : | me of the new regist |
| Name of New Registered Agein. | | k |
| New Registered Office Address: | Enter Florida street address | <u>•</u> |
| | Emer Fronta sireet daaress | |
| | Florida | Zip Code |
| ew Registered Agent's Signature, if changing Register | · | ట |
| hereby accept the appointment as registered agent rovisions of all statutes relative to the proper and a ccept the obligations of my position as registered a eing filed to merely reflect a change in the register | t and agree to act in this capacity. I further a complete performance of my duties, and I an agent as provided for in Chapter 605, F.S. O | gree to comply with a familiar with and r, if this document is |

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 |
|--------------|-----------------|------------------------|----------------|
| MGR | Michael B Steel | 3125 N Juniperus Way | = Add |
| | | Beverly Hills FL 34465 | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | <u></u> | □ Change |
| | | | DAdd |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | Change |

| (lf an e | tive date, if other than the date of filing: (07/22/2021 (optional) flective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
|---------------------------------------|--|
| Note | |
| Note: docui | ord 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 filed. |
| Note: docur the reco | niled. |
| Note: docui | 1 07/22/2021 Mary 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| Note: docur he reco ord is t | niled. |

Filing Fee: \$25.00