

L23000162874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

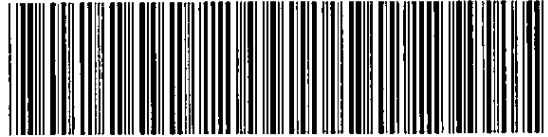
(Business Entity Name)

(Document Number)

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2023 APR 25 PM 12:51
CLERK OF STATE
TALLAHASSEE, FL

R. HUNT
04/27/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE POP SHOPPE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEFAN KERGL

Name of Person

THE POP SHOPPE LLC

Firm/Company

10550 NW 77 CT SUITE 201

Address

HALEAH, FL 33016

City/State and Zip Code

valeria.garcia@zuletaassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valeria Garcia

305 2051915
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE POP SHOPPE LLC

(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 Company were filed on 03/31/2023 and assigned Florida document number 1.23000162874.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SRKK properties LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

10550 NW 77 CT

SUITE 201

HIALEAH, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10550 nw 77 CT

SUITE 201

HIALEAH, FL 33016

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JUAN C ZULETA

New Registered Office Address:

10550 NW 77 CT SUITE 201

Enter Florida street address

HIALEAH

Florida 33016

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	KERGL, ALBERT		<input type="checkbox"/> Add
		305 MONTREAL CIRCLESTONEY CREEK, ON L8I	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
T	COSLEY, RYAN		<input type="checkbox"/> Add
		69 MULGROVE DRIVEETOBICOKE, ON M9C 2-R	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE UPDATE THE CURRENT VP TITLE TO P TITLE (KERGL, STEFAN88 WILLIS CRESBINBROOK

E. Effective date, if other than the date of filing: 04/20/2023 (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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated abril 20th, 2023

Signature of a member or authorized representative of a member

JUAN C ZULETA

Typed or printed name of signee