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COVER LETTER

TO:

TO: Registration So Division of Cor			
POP APP	LLC		
SUBJECT:	Name of Lin	nited Liability Company	··········
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Samuel Mukasa		
		Name of Person	·
		Firm/Company	
	734 NW 89th Street		2023
		Address	
	Gainesville, Fl 32607	a	2023 JUL -5
		City/State and Zip Code	:
	brendamukasa@hotmail.co	m to be used for future annual report not	diention)
For further information of	concerning this matter, please c	•	
brenda Mukasa		352 281-7708 at ()	
Name o	of Person	Area Code Daytim	e 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 Registration 9		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POP APP LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) itted Liability Company)	
he Articles of Organization for this Limited Liability Comp	pany were filed on 06/14/2023	and assigned
orida document number <u>L 23000 288 257</u>		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
		26
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRES.	<u> </u>	σ
		~ <u>,</u>
		
nter new mailing address, if applicable:		17
failing address MAY BE A POST OFFICE BOX)		
		•
If amending the registered agent and/or registered of ent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
 	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 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>	Type of Action
MGR	Samuel Mukasa	734 NW 89th Street	□Add
		Gainesville, Fl 32607	□Remove
MGR	Brenda Mukasa	734 NW 89th Street	□Add
		Gainesville, Fl 32607	□Remove
			■ Enange
			□Remove
			□Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Remove
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an effective ote: If the	ate, if other than date is listed, the date date inserted in the effective date on t	e must be specif iis block does	ic and canr not meet	not be prior the applica	to date of fil	ing or more	than 90 d		ling.) Pursu		
cument's		ective date, bu	it not an e	effective ti	me, at 12:0	1 a.m. on	the earli	er of: (b)	The 90th	day afte	r the
record spec	cifies a delayed eff										
	eifies a delayed eff	<u>5</u>	U Will	lese ber or author							