

## 24000295958

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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		
Pop Distrib	outors 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:	
	Christina C Morrison		
		Name of Person	
	Pop Distributors LLC		
		Firm Company	<del>.</del>
	1 Beach Drive SE Unit 260	) [	
	<del></del>	Address	
	Saint Petersburg, Fl 33701		
		City/State and Zip Code	<del>.</del>
	Popdistributors (@gmail.co		
to forther to form the		to be used for future annual report not	ilication)
	oncerning this matter, please e		
Christina C Morrison		813 2156295 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
inclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pop Daddy LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.)   Liability Company)	
The Articles of Organization for this Limited Liability Companilorida document number <u>L24000295958</u> .	y were filed on July 1, 2024	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
op Distributors LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		1 )
		<u>;</u>
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		; ( )
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street address	
	, Flor	idaZap Code

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 reing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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>	Type of Action
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			□Remove
			□Change
			□Remove
		<del> </del>	Change
			□Add
			□ Remove
			☐ Change
			□Add
			Remove
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lf an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor d is fi	d 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 led.
Dated	July 15, 2024.
	Signature of a member or authorized representative of a member
	Christina C. Morrison
	Typed or printed name of signee

. .

Filing Fee: \$25.00