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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: POP ()		insportation, Le diability Company	<u>LC</u>
The enclosed Articles of Amendm	ent and fee(s) are submi	tted for filing.	
Please return all correspondence c	oncerning this matter to	the following:	
	Felisa L	CasHE Name of Person	
	<u> </u>	Firm/Company	
4	6) 81/95	RD	
	Felisa Ca E-mail address: (to	Address EE FL 3231 City/State and Zip Code SHE@ Jahoo. Code be used for future admual report notifies	Zition)
For further information concerning	g this matter, please call	:	
FERSA L Co	SHE	at (850) 321-U	elephone Number
Enclosed is a check for the follow	ing amount:		
	0.00 Filing Fee & ertificate 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 Corporat	ions	<u>Street Address:</u> Registration Secti- Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POP Castle Transportation, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(S)	
		702h
		DEC
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		. 58 . 58
	Con uddwaee on our rosa	rds, enter the name of the new registere
B. If amending the registered agent and/or registered of	nce adoress on our reco	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	nce address on our reco	
agent and/or the new registered office address here:	nce address on our reco	
	nce address on our reco	
agent and/or the new registered office address here:		
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida	street address
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida	. Florida
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida . City	

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

November 15 224

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FEPSA L Castle	HOI EIL'S RD	13 8Add
		Tallahassee, FL	□Remove
		32317	Change
AMBR	Anthony Ingram	Hel Elles RD	□ Add
	·	Tallahassee, FL	Remove
		32317	Change
MGR	Jontelle Sellers	123 Ellis RD	□Add
		Tallahassee, FL	PRemove
		32317	□Change
		·	□Add
			□Remove
			□Change
			□Add
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			□Change
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			□Remove

D. If amending	any other i	ntormation, e	enter chang	ge(s) here: <i>(</i>	Attach additi	onal sheets, i	f necessary.)	
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Note: If the d	nte is listed, the late inserted i	e date must be spo	ecitic and cann ses not meet t	ot be prior to d he applicable	ate of filing or n		's after filing.) Pur	suant to 605,0207 (3), not be listed as the
the record special cord is filed.	fies a delayed	l effective date,	but not an e	ffective time,	at 12:01 a.m.	on the earlier	of: (b) The 90	th day after the
Dated	2/6_	felix ignat	ure of a memo	024 Quitto	d representative	of a member		
		FE	lisa L	C_35-	HE			