

L24000484108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

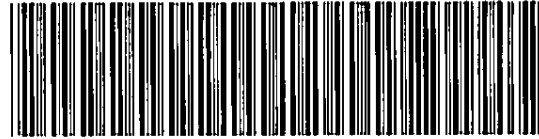
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 DEC -6 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POP Castle Transportation, 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:

Felisa L Castle
Name of Person

Firm/Company

461 Ellis RD
Address

Tallahassee, FL 32317
City/State and Zip Code

Felisa-Castle@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felisa L Castle at (850) 321-6322
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

POP Castle Transportation, LLC

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> |
|--------------|------------------|-----------------|--------------------------------------------|
| AMBR | Felisa L Castle | 461 Ellis RD | <input checked="" type="checkbox"/> Add |
| | | Tallahassee, FL | <input type="checkbox"/> Remove |
| | | 32317 | <input type="checkbox"/> Change |
| AMBR | Anthony Ingram | 461 Ellis RD | <input type="checkbox"/> Add |
| | | Tallahassee, FL | <input checked="" type="checkbox"/> Remove |
| | | 32317 | <input type="checkbox"/> Change |
| MGR | Jontelle Sellers | 123 Ellis RD | <input type="checkbox"/> Add |
| | | Tallahassee, FL | <input checked="" type="checkbox"/> Remove |
| | | 32317 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

(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)

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.

12/6

2024

Lelisa A. Castle
Signature of a member or authorized

Signature of a member or authorized representative of a member

Felisa L Castle

Typed or printed name of signee