

L20000 241925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

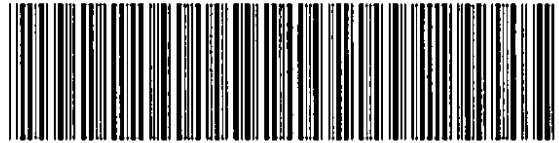
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800352406158

09/24/20--01002--004 \*\*25.00

09/24/20 11:59

OCT 30 2020

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pop's Smokes Shop  
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:

Alexander Gabriel Castro  
Name of Person

Pop's Smokes Shop  
Firm/Company

6431 Sw 16th Ct  
Address

North Lauderdale FL 33068  
City/State and Zip Code

PopSmokesShop@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alain Perez at (239) 240 3025  
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**

Pops Smokes Shop

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

2020 08 10 10:59

The Articles of Organization for this Limited Liability Company were filed on 8/10/2020 and assigned Florida document number L20000241225

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

Alexander Gabriel Castro

New Registered Office Address:

6431 Sw 16th St

Enter Florida street address

North Lauderdale, Florida 33068

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.*

Alex Castro

**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>
<u>MGR</u>	<u>Alexander Castro</u>	<u>6431 Sw 16<sup>th</sup> Ct #50</u>	<input type="checkbox"/> Add
		<u>North Lauderdale</u>	<input type="checkbox"/> Remove
		<u>FL, 33068</u>	<input checked="" type="checkbox"/> Change
<u>CEO</u>	<u>Pedro Cabrera</u>	<u>3109 Oakland <del>St</del> Sts</u>	<input type="checkbox"/> Add
		<u>Drive APT # 5102</u>	<input checked="" type="checkbox"/> Remove
		<u>Oakland Park FL 33304</u>	<input type="checkbox"/> Change
<u>Dir</u>	<u>Alain Perez</u>	<u>3801 Sw 171 terrace</u>	<input type="checkbox"/> Add
		<u>Miramar FL, 33027</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)

Multiple horizontal lines for amending information. A handwritten date "8/24/2020" is visible on the second line from the top.

E. Effective date, if other than the date of filing: 8/24/2020 (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 September 11<sup>th</sup>, 2020.

Alex Castro

Signature of a member or authorized representative of a member

Alexander Gabriel Castro

Typed or printed name of signer

Filing Fee: \$25.00