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SECRETARY OF STATE
TALLAHASSEE, FL

129/21

COVER LETTER

	ision of Cor					1	
SUBJECT:	THE TECH	BAG STORE				:	
SUBJECT.		Name of Lim	ited Liability Company		_	İ	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Anthony Waters				•	
			Name of Person			~3	
		PHONE POCKITS LLC			TAL	2021 JUL -9 PM 3: 07	- H
			Firm/Company			>	435. 758.
		1031 NW 106th Street			HASS	<u>و</u> .	
			Address		SHA	=	
		Miami Florida 33150			TATE, FL	3: 0.7	
		<u> </u>	City/State and Zip Code				
		info @thetechbagstore					
		E-mail address: (to be used for future annual report notific	ation)			
For further in	nformation co	oncerning this matter, please co	all:				
Anthony Wa	ters		305 733.1846 at ()			_	
	Name of	Person	Area Code Daytime T	Celephone Nun	ıber	-	
Enclosed is a	check for th	e following amount:					
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	Filing For Sicate of Sicate of Sonal copy is	tatus &	•
Reg Div P.C	ling Addres gistration S vision of C D. Box 632 lahassee, F	section orporations 7	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Stallahassee, FL 3	orations Tahassee Street, Suite	e 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on (A Florida document number (L15000083576)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE TECH BAG STORE (L.C.)

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailling 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

, Florida _

If amending Authorized Person(s) authorized to manage, enter the tide, name, and address of each person being added or removed from our records:

MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	Name	Address	Type of Action
			□Add
			⊡Remove
			🗀 Change
			□Add
			S 2 Remove
			SECRETARY OF STATE TALL/HASSEE, FL
			☐ Change
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Fective date, if other than n effective date is listed, the date te: If the date inserted in the cument's effective date on the	must be specific and is block does not r	d cannot be prior to meet the applicat	date of filing or ole statutory fil	more than 90 days	optional) after filing.) Pu , this date wil	isuant to 605.0 I not be listed	1201 1 as
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6/30		2021					
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ted 6/30	Date	member or author				ı	

Filing Fee: \$25.00