## 15000003

| (Re                     | questor's Name)    |             |  |  |
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| (Cit                    | ry/State/Zip/Phone | e #)        |  |  |
| PICK-UP                 | WAIT               | MAIL        |  |  |
| (Bu                     | siness Entity Nar  | ne)         |  |  |
| (Document Number)       |                    |             |  |  |
| Certified Copies        | _ Certificates     | s of Status |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |
|                         |                    |             |  |  |
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Office Use Only



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JUL 31 2015 S. YOUNG

## **COVER LETTER**

| TO: Registration Se  |   | •   |                                     |                                       |
|--|---|---|-------------------------------------|---------------------------------------|
| Division of Corp   | porations   |   | ••                                  |                                       |
| Possum's Pos | ocket, LLC  |   | the second                          | ,                                     |
|  | Name of Lin   | nited Liability Company   |                                     |                                       |
|  |   |   |                                     |                                       |
| The enclosed Articles of A   | Amendment and fee(s) are sub  | omitted for filing.   |                                     |                                       |
| Please return all correspon  | ndence concerning this matter   | to the following:   |                                     |                                       |
|  | Jordan Nesseler   |   |                                     |                                       |
|  |   | Name of Person  |                                     |                                       |
|  | Possum's Pocket, LLC  |   |                                     |                                       |
|  |   | Firm/Company  |                                     |                                       |
|  | used ador square of the 518 Lora Street                                   |   |                                     |                                       |
| ,  |   | Address   |                                     |                                       |
| •  | 'N 4 D 1 FT 2006  |   |                                     | · · · · · · · · · · · · · · · · · · · |
| `,   | Neptune Beach, FL 32266   |   |                                     |                                       |
|  | Doggwood a strat@gmail.com  | City/State and Zip Code   |                                     | دين ب                                 |
|  | Possumspocket@gmail.com   | to be used for future annual report   | notification)                       |                                       |
| For further information co   | ncerning this matter, please c  |   | ,                                   |                                       |
| Jill Kesmer  |   | 904 652-627   | 2                                   |                                       |
| Name of  | Person  | at ()<br>Area Code: Da  | ytime Telephone Number              | ···                                   |
|  |   |   |                                     |                                       |
| Enclosed is a check for the  | e following amount:   |   |                                     |                                       |
| □ \$25.00 Filing Fee   | ■ \$30.00 Filing Fee & Certificate of Status                              | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                                     | Certified C                         | of Status &                           |
| Registra<br>Division<br>P.O. Bo  | NG ADDRESS:<br>tion Section<br>of Corporations<br>x 6327<br>see. FL 32314 | STREET/COV<br>Registration Se<br>Division of Co<br>Clifton Buildin<br>2661 Executive<br>Tallahassec. FI | rporations<br>ag<br>e Center Circle |                                       |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Possum's Pocket, LLC  |   |  | •  | •  |                      |            |
|---|---|--|--|--|----------------------|------------|
| (Name of the Limit  | ed Liability Compan<br>(A Florida Limited L                 | v as it now appears on our re<br>lability Company)   | cords.)                                  |  |                      |            |
| The Articles of Organization for this Limited Li<br>Florida document number L15000107032  | iability Company v  | were filed on 06/19/2015                             |  | and a  | ssigned              |            |
| This amendment is submitted to amend the following  | owing:  |  |  |  |                      |            |
| A. If amending name, enter the new name of  | the limited liabil  | lity company here:                                   |  |  |                      |            |
| The new name must be distinguishable and contain the w  | ords "Limited Liabilit                                      | ty Company," the designation "                       | LLC" or the abl                          | breviation "                                     | L.L.C."              | -          |
| Enter new principal offices address, if applica   | able:   |  |  |  |                      |            |
| (Principal office address MUST BE A STREET ADDRESS)   |   | 615 Ironwood Drive, Ponte Viedra Beach, FL 32082     |  |  |                      | _          |
|   |   |  |  | - 4  |                      | _          |
|   |   |  |  | <del>ن                                    </del> | 1                    | _          |
| Enter new mailing address, if applicable:   |   | 518 Lora Street, Neptune I                           | Beach, FL 322                            | 66 = =   | <b>=</b> -n          |            |
| (Mailing address MAY BE A POST OFFICE A   | ROX)  |  |  | 7.50   | 3 1 <sup></sup>      | -          |
| (maining duaress mail BEAT 051 0111CE)  | <u> </u>  |  | • •                                      | 1  | 111                  | -          |
|   |   |  |  | - : - =  | 3 57                 | -          |
| B. If amending the registered agent and/or the new registered of  | or registered off<br>fice address here                      | ice address on our reco                              | ords, <u>enter</u>                       | the name   | of the               | <u>new</u> |
| Name of New Registered Agent:   | Jill Kestner  |  |  | . <u>.</u>                                       |                      | -          |
| New Registered Office Address:  | 518 Lora Street   |  |  |  |                      |            |
|   |   | Enter Florida street ad                              |  |  |                      | •          |
|   | Neptune Beach   |  | , Florida <sup>2</sup> 32266<br>Zup Code |  |                      | _          |
|   |   | City   | , ===                                    | Zıp Code   | ,                    |            |
| New Registered Agent's Signature, if changing R   | egistered Agent:  |  |  |  |                      |            |
| I hereby accept the appointment as registered<br>provisions of all statutes relative to the prope<br>accept the obligations of my position as regis<br>being filed to merely reflect a change in the r<br>company has been notified in writing of this co | r and complete p<br>tered agent as pr<br>egistered office a | erformance of my duties<br>vovided for in Chapter 60 | r, and I am fa<br>95, F.S. Or, 1         | amiliar wa<br>if this doc                        | ith and<br>cument is | the:       |

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 = M $AMBR = A$ | lanager<br>uthorized Member |         |                |
|--------------------|-----------------------------|---------|----------------|
| <u>Title</u>       | Name                        | Address | Type of Action |
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| etive date if ather then the date of filings  |                              |                           | (ontions            | .n               |               |
| ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be | oe prior to date of f        | filing or more than       | 90 days after filit | ng.) Pursuant to | 605.0         |
| if the date inserted in this block does not meet the iment's effective date on the Department of State's re     | applicable statut<br>ecords. | tory filing requir        | ements, this da     | te will not be   | listed        |
| ·   |                              |                           |                     |                  |               |
| ecord specifies a delayed effective date, b   | ut not an effe               | ective time, a            | t 12:01 a.m         | i. on the e      | arlier        |
| e 90th day after the record is filed.   |                              |                           |                     |                  | र्क           |
| 07/22/50  | ν <b>1</b>                   |                           |                     |                  |               |
| d 07/22 18 1  | <del>//</del> ·              |                           |                     | •                | 30            |
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|   | $\Delta$                     |                           |                     |                  |               |

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Filing Fee: \$25.00