

L15000184821

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

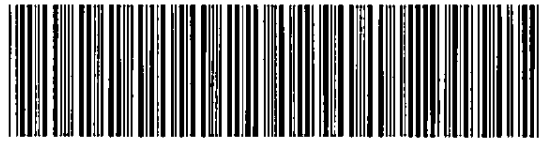
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600426032866

03/19/24--01031--004 \*\*60.00

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MT POCKET SOLUTIONS 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:

KEVIN MOURE

\_\_\_\_\_  
Name of Person

MT POCKET SOLUTIONS LLC

\_\_\_\_\_  
Firm/Company

4954 SW 76 STREET

\_\_\_\_\_  
Address

MIAMI, FL 33143

\_\_\_\_\_  
City/State and Zip Code

kmoure@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN MOURE

305 335-6566

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2024

KEVIN MOORE  
4954 SW 76 STREET  
MIAMI, FL 33143

Re: Document Number L15000184821

The Articles of Amendment to the Articles of Organization for MT POCKET SOLUTIONS, LLC, a Florida limited liability company, were filed on March 18, 2024.

The certification you requested is enclosed.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Morgan E Lovett  
Regulatory Specialist II  
Division of Corporations

Letter Number: 824A00006820

# State of Florida



## Department of State

I certify from the records of this office that MT. POCKET SOLUTIONS, LLC, is a limited liability company organized under the laws of the State of Florida, filed on October 30, 2015.

The document number of this company is L15000184821.

I further certify that said company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on February 24, 2023, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twenty-ninth day of March, 2024



  
Cord Byrd  
Secretary of State

# State of Florida



## Department of State

I certify the attached is a true and correct copy of Articles of Amendment, filed on March 18, 2024, to the Articles of Organization for MT. POCKET SOLUTIONS, LLC, a Florida limited liability company, as shown by the records of this office.

The document number of this limited liability company is L15000184821.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twenty-ninth day of March, 2024



  
Cord Byrd  
Secretary of State

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MT POCKET SOLUTIONS LLC

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

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 30, 2015 and assigned  
Florida document number L15000184821.

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:

4954 SW 76 STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33143

Enter new mailing address, if applicable:

4954 SW 76 STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33143

**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:

KEVIN MOURE

New Registered Office Address:

4954 SW 76 STREET

*Enter Florida street address*

MIAMI

*City*

, Florida 33143

*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.*



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>
MGR	KEVIN MOURE	4954 SW 76 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TENG CHERN YU	3975 LEAFY WAY	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" 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
			<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.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)


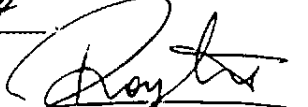
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 March 13, 2024

Signature of a member or authorized representative of a member

KEVIN MOURE CHERYN YU TENG

Typed or printed name of signee



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L15000184821  
FILED 8:00 AM  
October 30, 2015  
Sec. Of State  
tburch**

**Article I**

The name of the Limited Liability Company is:

MT POCKET SOLUTIONS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

3975 LEAFY WAY  
MIAMI, FL. 33133

The mailing address of the Limited Liability Company is:

3975 LEAFY WAY  
MIAMI, FL. 33133

**Article III**

The name and Florida street address of the registered agent is:

DOUGLAS L O'KEEFE  
3975 LEAFY WAY  
MIAMI, FL. 33133

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DOUGLAS O'KEEFE

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
CHERN YU TENG  
3975 LEAFY WAY  
MIAMI, FL. 33133

**L15000184821**  
**FILED 8:00 AM**  
**October 30, 2015**  
**Sec. Of State**  
tburch

Signature of member or an authorized representative

Electronic Signature: TENG, CHERN YU

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.