# L16000137612

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SECRETARY OF STATE
TAXABLE SECRETARY OF STATE

## WALTER W. SMITH 3601 SHORE ACRES BLVD. NE SAINT PETERSBURG, FLORIDA 33703 727-647-2023

smittykingpin@gmail.com

August 22, 2016

Registration Section Florida Division of Corporations PO Box 6327 Tallahassee, Florida 32314

RE: Articles of Amendment to Articles of Organization for Pocket Arsenal, LLC, to amend name to W.W. Smith Designs, LLC; Then to register for W.W. Smith Designs, LLC the Fictitious Names: "Pocket Arsenal", "Artistic Salvage", and "Mister Generator".

Dear Madam or Sir:

As the sole Manager and Member of Pocket Arsenal, LLC (Document No. L16000137612), I wish to change the name of that LLC to W. W. Smith Designs, LLC and, contemporaneously, register to W. W. Smith Designs, LLC, the fictitious names: Pocket Arsenal, Artistic Salvage, and Mister Generator per the separated Registrations attached herewith.

I believe all of the completed and executed forms, being the Cover Letter with the Articles of Amendment, the actual Articles of Amendment, and three Applications for Registration of Fictitious Names, together with my checks (or money orders) in the amount of \$25.00 for the Articles of Amendment, and \$150.00 for the Registrations, represent all that is needed to complete the name amendment and name registrations. However, if this is deficient in any manner, I would be grateful if you would reach out to me at the number or email above.

I thank you in advance for your kind cooperation. Since the Fictitious Name Registrations are rather important, I would be grateful if you do not separate these filings, but rather, register the names immediately after recording the Amendment.

very fruity rours,

Walter W. Smith

WWS:lg

cc: Matthew G. Bathon, Esquire

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# **COVER LETTER**

	cion Section of Corporations	
Pocke SUBJECT:	et Arsenal LLC	
	Name of Limited Liability Company	
The enclosed Articl	eles of Amendment and fee(s) are submitted for filing.	
Please return all con	prrespondence concerning this matter to the following:	
	Walter W. Smith	
	Name of Person	
	Firm/Company	
	3601 Shore Acres Blvd. NE	
	Address	
	Saint Petersburg, Florida 33703	
	City/State and Zip Code smittykingpin@gmail.com	SECON SECON
For further informs	E-mail address: (to be used for future annual report notification) ation concerning this matter, please call:	MASSESSION NO.
	on, Esq. / Bill Smith 610-647-4901 / 727-647-2023	MG STA
N	Name of Person Area Code Daytime Telephone Number	2: 15 TAILE TAILE TAILE
Enclosed is a check	k for the following amount:	·
■ \$25.00 Filing F	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}\$  \[ \Bigcup \\$55.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \Bigcup \\$60.00  Filing Fee & Certified Copy (additional copy is enc	f Status & py

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POCKET ARSENAL LLC			
(Name of the Lim	ited Liability C (A Florida Lin	ompany as it now appears on ou nited Liability Company)	r records.)
The Articles of Organization for this Limited 1	Liability Com	pany were filed on JULY 21,	2016 and assigned
Florida document number L 16000137612	·		
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
W.W. SMITH DESIGNS, LLC			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE		(2)	
		<del></del>	<del>.</del>
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		17. SE 6
			三 三 三 五
			2 P
3. If amending the registered agent and			
egistered agent and/or the new registered of	office address	s here:	
			95 P
Name of New Registered Agent:	N/A		<u> </u>
New Registered Office Address:	N/A		
		Enter Florida stre	et address
			. Florida
		City	, FIOTIUA 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>	Address	Type of Action
	N/A		Add
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TO CHANGE THE NAME OF THE LLC. HOWEVER, WE AR	E, CONTEMPORANEOUSLY HEREWITH,	
WE ARE FILING A FICTITIOUS NAME REGISTRATION FOR	R THE NAME "POCKET ARSENAL"	
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effective date is listed, the date must be specific and cannot be prior to date of the:  If the date inserted in this block does not meet the applicable state ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an eff he 90th day after the record is filed.		rlier
ed AVBUST 22, 2016.  Signature of a mention or authorized ten	A	
ed 7900001 22 , 210 .	/ .	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00