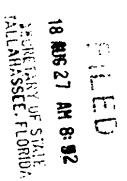


(Requestor's Name)					
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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08/27/18--01031--025 **25.08



COVER LETTER

TO:		stration Section of Corp				
SUBJEC		POCKET LI	STING LLC			
	.		Name of Lin	nited Liability Company		
			mendment and fee(s) are sub			
i rease re		и сонсарон	KAREN RIGANTE	to the following.		
			POCKETLISTING, LLC	Name of Person		
			3370 NE 190TH ST SUI	Finn/Company 90TH ST SUITE 1509		
			AVENTURA, FL 33180	Address	27 R	
			JOEY@POCKETLISTING	THE PLONION		
For furth	er inf	ormation cor	E-mail address: (neerning this matter, please c	to be used for future annual (report notification)	
KAREN	RIG	ANTE			5-8002	
	_	Name of F	Person	at () Area Code	Daytime Telephone	Number
Enclosed	lisa	check for the	following amount:			
\$25.0	00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) (60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
		MAILIN	G ADDRESS:	STREET	COURIER ADDE	RESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our record Liability Company)	<u>ds.</u>)		
y were filed on MARCH 2, 2018	8 and assigned		
bility company here:			
ility Company," the designation "LLC	" or the abbreviation "L.L.C."		
	<u> </u>		
	27 A B SEE. FLORIDA		
	s, enter the name of the ne		
Enter Florida street addres	XX		
, Flo	orida Zip Code		
	bility company here: bility Company," the designation "LLC confice address on our record re: Enter Florida street address. F1		

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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prio Note: If the date inserted in this block does not meet the applie document's effective date on the Department of State's records	icable statutor	ng or more than 90 d y filing requireme	_ (optional) lays after filing.) Pursu ents, this date will n	ant to 60 ot be lis	05.0207 (3) sted as the
the record specifies a delayed effective date, but no) The 90th day after the record is filed.	ot an effect	tive time, at 1	2:01 a.m. on th	ie earl	lier of:
Dated AUGUST 22 2018					
Signature of a member or auth	horized represen	ntative of a member			
	normed represen	manre in a member			
KAREN RIGANTE	ited name of sig				

Page 3 of 3

Filing Fee: \$25.00