

L18000252264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

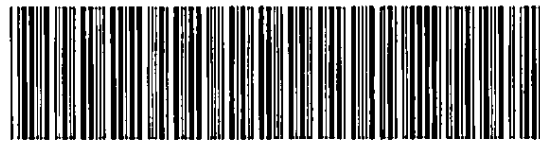
(Business Entity Name)

(Document Number)

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NOV 10 2020 10:30 AM

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COVER LETTER

**TO: Registration Section
Division of Corporations**

The PocketBook Consultants, LLC

SUBJECT: _____
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:

- Khalilah C. Chatman

Name of Person
The PocketBook Consultants, LLC

Firm/Company
9700 Reserve Boulevard

Address
Port St. Lucie, FL 34986

City/State and Zip Code
khaychatman@gmail.com

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

For further information concerning this matter, please call:

Khalilah Chatman 561 281-2062

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

The PocketBook Consultants 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 12/09/2019 and assigned
Florida document number LI80000252264

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 "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9700 Reserve Boulevard

Port St. Lucie, FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1819 SW Newport Isles Boulevard

Port St. Lucie, FL 34953

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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	Khalilah Chatman	1819 SW Newport Isles Boulevard	<input type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Makaiya Walker	1819 SW Newport Isles Boulevard	<input type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	James Chatman	1819 SW Newport Isles Boulevard	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Gwynetta Henderson-Smith	524 Holly Drive	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<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

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

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.

Dated October 6 2020

Typed or printed name of signee