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A. BUTLER FEB 2 3 2022

### **COVER LETTER**

O: Registration Section Division of Corporations
UBJECT: Fot Pockets Nation II.c. Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Malory Pierre Name of Person
Firm/Company
2779 NW 196 th Terrace
City/State and Zip Code
or further information concerning this matter, please call:
Malory Pierre at (929) 588-0554  Name of Person Area Code Daytime Telephone Number
sclosed is a check for the following amount:
S25.00 Filing Fee   Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 14 AM 6: 27

( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears o ted Liability Company)	TALLAHA	7 OF STATE ASSEE, FL
The Articles of Organization for this Limited Liability Compa	any were filed on	<del></del>	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited !	iability company here	:	
4GodSplan LLC The new name must be distinguishable and contain the words "Limited L			
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS,	<u> </u>		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office and/or the new registered office address here:  Name of New Registered Agent:	ce address on our reco	rds, <u>enter the nar</u>	ne of the new registered
New Registered Office Address:	Para Charle	street address	
	Cny	, Florida	Zıp Code
New Registered Agent's Signature, if changing Registered Age	•		7.47 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compleacept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	agree to act in this cap etc performance of my as provided for in Cha	duties, and Lam pter 605, F.S. Or	familiar with and , if this document is

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
MGR	Toe Gipson	2779 NW 1964 Terrace	□ Add
		miami gardens FL 3356	<u>⊅</u>
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			🗆 Add
			□Remove
			🗀 Add
		<del></del>	□Remove
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			🖸 Add
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n effective date is listed, the term of the date inserted cument's effective date	l in this block does not	t meet the applicable	ate of filing or more than statutory filing requi	(optional) 190 days after filing.) Purs rements, this date will i	uant to 605.0207 not be listed as
ecord specifies a delaye s filed.	ed effective date, but no	ot an effective time, a	at 12:01 a.m. on the	earlier of: (b) The 90d	n day after the
ned 02 09 202	22				
ν	Madaur Dian	1.0			
	Signature of	a member or authorized	I renresentative of a mo	mber	

Filing Fee: \$25.00