L22000349165

(Re	questor's Name)	
(<u>A</u> d	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
_	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer;	1

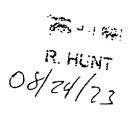
Office Use Only



300414500703

08/24/23--01006--005 **25.00

2029 AUG 21, PH 12: LO



COVER LETTER

MyLifeTrac						
	Name of Lim					
		ited Liability Company				
d Articles of	Amendment and fee(s) are sub	mitted for filing.				
n all correspo	ndence concerning this matter	to the following:				
	Katie Beauseigneur					
		Name of Person				
		Firm/Company				
	581 Seaport Ter SE					
		Address	-			
	Palm Bay, FL 32909					
	katieb@poistsystems.com	City/State and Zip Code				
		,	ification)			
information co	oncerning this matter, please c	all:				
		321 258-7049 at ()				
Name of	(Person	Area Code Daytin	ne Telephone Number			
a check for th	e following amount:					
Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		Street Address:				
		Registration Section				
	information conscigneur Name of a check for the Filing Fee egistration S	Email address: (Seaport Ter SE Palm Bay, FL 32909 katieb@poistsystems.com E-mail address: (information concerning this matter, please conseigneur Name of Person a check for the following amount: Filing Fee \$30.00 Filing Fee &	Name of Person			

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

MvLifeTrack 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 _______ and assigned Florida document number 1.22000349165 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: POIST Systems LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 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

Ā	۸	1B	R	=	Αu	tho	rize	d	M	em	ber
	, ,	,			/ L U	with	115.5	ſ.	141	CILL	vu

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			20 AUG 24 PHO2: 4 Office Confidence of Confi
			20 AUG 24
			Pp in
			□Change
			□Remove
			Change
			
			□Remove
			Change
			□Add
			Remove
			□Change

			·	<u>.</u>		_
						_
						
						_
				_		_
 				- <u>, </u>	··-	5023 1
-			<u> </u>			2023 AUG
						_ 🚫 🗧
	<u> </u>					
						0687084112: 40
		 -		<u>-</u>		-0
				<u> </u>	·	_
		_				_
	_					_
			···			_
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and block does not m	cannot be prior to eet the applicab	date of filing or m	(optione than 90 days after grequirements, this	filing.) Pursuant to 6	05.0207 (3)(sted as the
If the record specifies a delayed effect record is filed.	ive date, but not :	an effective tim	e, at 12:01 a.m. c	on the earlier of) (b) The 90th day af	ier the
Dated August 21		2023				
	7		- ·			

Filing Fee: \$25.00

Typed or printed name of signce