## L23000159906

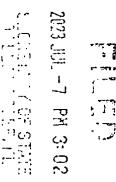
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Y. SCOTT AUG 12 2023 COVERLETTER

TO:

Registration Section Division of Corporations

SUBJECT:POYCH	- Unile 110						
	Name of Limi	ted Liability Company					
	mendment and fee(s) are substence concerning this matter						
	Dennis Luis	Sorchoa Name of Person	<del></del>				
		CXOL HOR U.C. Firm/Company					
	and n Hobu	ONG ALC Soute 202	10/1 #20X0				
	<u>Orlando</u> T	City/State and Zip Code					
		anches (C) cooke made to be used for future annual report notion	ification)				
For further information cor	ncerning this matter, please ca	all:	102 11.				
Dennis Luis So Name of I	nchez Person	at ( <u>352</u> ) <u>658 7</u> Area Code Daytim	3343 ne Telephone Number				
Enclosed is a check for the	following amount:						
\$\$25.00 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)				
Mailing Address: Registration Sc Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Se Division of Co The Centre of	rporations Tallahassee				
Tallahassee, Fl	J 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## TO OF

## ARTICLES OF ORGANIZATION

Pocket Mate Cl	<u>.</u> C.
( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on March 30, 2023 and assigned
Florida document number <u>L23000159906</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
Pocket Mate. AI	LLC
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
<u>(Principal office address MUST BE A STREET ADDRES</u>	<u>SS)</u>
	20
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. 16	Mine address an engine and a set of the second assistant and a set of the second assistant as the second as the seco
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registe
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 to 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, <u>enter the title, name, and address of each person\_being or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Acti
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Filing Fee: \$25.00