## L2300159906

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
Past	cet Mate. AIL		
SUBJECT: VOC	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> Dennis Sa</u>	nchez Name of Person	
	Pocket	Mate AL LIC. Firm/Company	
	7901 41	St N STE 300 Address	
	St. Petersk	Oura FL 33702 City State and Zip Code  Pocket mate ai to be used for future annual report noti	
	E-mail address:	Pocket mate-ai	fication)
For further information c	oncerning this matter, please co	all:	
Dennis So	anchez f Person	at ( 900 : 591 - Area Code Daytim	2823 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$\$\$25.00 Fiting Fee	S30.00 Filing Fee & Certificate of Status	SS5.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ation
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Pocket Mate. Al 1	LLC.
(Name of the Limited Limbility Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000159906</u>	were filed on 03/30/2033 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St N STE 300
(Principal office address MUST BE A STREET ADDRESS)	St. Peters burg, FL 33702
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. It amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Regis	stered Agents Inc
New Registered Office Address: 7901	th St N STE 300  Enter Florida street address
St. Peter	ers burg Florida 33702 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

it amending Authorized rerson(s) authorized to manage, enter the tine, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	<u>Dennis Sanchez</u>	7901 4th St N, STE.	🗆 Add
		St. Petersburg, Florida	□Remove
		33702	
			🗆 Add
			□ Remove
			□ Change
			🗆 Add
			□ Remove
			□Change
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D. It amending any other information, enter change(s) here: (Attach daditional sneets, if necessary.) (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00