

# L2300046338D

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

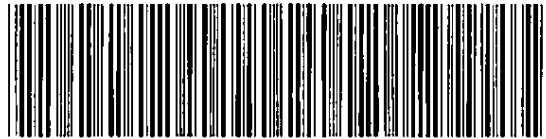
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2024-09-11 09:27

11/11/24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2024

ORESTES HERNANDEZ & ISMAEL MIRABAL  
POCKET 2,S LLC  
28441 S TAMiami TRAIL, 103-104  
BONITA SPRINGS, FL 34134

SUBJECT: POCKET 2,S LLC  
Ref. Number: L23000463380

We have received your document for POCKET 2,S LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT  
Regulatory Specialist III

Letter Number: 624A00020334

Received  
10/03/24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** POCKET 2,S LLC  
\_\_\_\_\_

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:

ORESTES HERNANDEZ & ISMAEL MIRABAL  
\_\_\_\_\_

Name of Person

POCKET 2,S LLC  
\_\_\_\_\_

Firm/Company

28441 S TAMIAMI TRAIL, 103-104  
\_\_\_\_\_

Address

BONITA SPRINGS, FL 34134  
\_\_\_\_\_

City/State and Zip Code

hdezfam1224@yahoo.com  
\_\_\_\_\_

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

For further information concerning this matter, please call:

ORESTES HERNANDEZ  
\_\_\_\_\_

Name of Person

321 697-6296  
at ( )

Area Code

Daytime 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 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**

POCKET 2,S 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 06/20/2024 and assigned  
Florida document number L23000463380

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

Enter new principal offices address, if applicable:

28441 S TAMIAMI TRAIL

(Principal office address MUST BE A STREET ADDRESS)

103-104

BONITA SPRINGS, FL 34134

Enter new mailing address, if applicable:

264 BETHANY HOME DR

(Mailing address MAY BE A POST OFFICE BOX)

LEHIGH ACRES, FL 33936

**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:

Orestes Hernandez

New Registered Office Address:

264 Bethany Home Dr.

*Enter Florida street address*

LEHIGH ACRES

Florida 33936

*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	GAVIN GOWIE	4318 SE 5TH AVE, APT 3	<input type="checkbox"/> Add
		CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ORESTES HERNANDEZ	264 BETHANY HOME DR	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33936	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ISMAEL MIRABAL ARENCIBIA	501 SE 15TH ST	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

(b) The 90th day after the record is filed.

Dated JUNE 20TH 2024

Signature of a member or authorized representative of a member

GAVIN GOWIE

Typed or printed name of signee