## 23000082862

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Mr. Peter Pocket Inc. P23000082862 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mr. Peter Pocket Inc.
Firm/Company 298 NW Soth Place

Address

Boca Raton, FL 33431

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 212 5268

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & ☑\$52.50 Filing Fee ☐ \$35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

## **Articles of Amendment** to Articles of Incorporation of

Mr. Peter Pocket Inc.	
	filed with the Florida Dept. of State)
P230000 82862	<del></del>
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	mpany," or "incorporated" or the abbreviation "Corp.,"
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address;	
Name of New Registered Agent N	<u> </u>
(Florida stree	et address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	28 PM 3
Signature of New Res	sistered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)	), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	Lillian Aijala	298 NW 5042 Place Boca Raton, FL 33431
Add			Bocaldaton, FL 33431
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change	****		
Add			
Remove			
6) Change			- 100 mg
Add			
Remove			7,000
			3. Th
			<i>VB</i> ,∿ _7

If amending or adding additional Articles, enter change(s) (Attach additional sheets, if necessary). (Be specific)	<del>*************************************</del>
NIA	
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If an amendment provides for an exchange, reclassification	on, or cancellation of issued shares,
provisions for implementing the amendment if not conta (if not applicable, indicate N/A)	nined in the amendment itself:
•	
NA	
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	70000 W
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The date of each amendment(s) adoption: 125 7024  date this document was signed.	, if other than the
Effective date if applicable: 7 25 20 24 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareho action was not required.	lder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	•
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
Signature  (By a director, president or other officer – if directors or officers have n scleeted, by an incorporator – if in the hands of a receiver, trustee, or of	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<del></del>
Λ	
(Yille of person signing)	· · · · · · · · · · · · · · · · · · ·
( Faile of person signing)	

