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Expertax Financial

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000390080 3)))



To:			or control of the con	#ASY
	Division of Corporat Fax Number : (85			OF S
From:	·			
	Account Name : EXP			أبدا
	Account Number : 120: Phone : (40			
	Fax Number : (32)	•		
anr	the email address for a mual report mailings. E mil Address:	Enter only one e	email address ple	for future
anr Ema	nual report mailings. E	Enter only one e	email address ple	ease. **
anr Ema	ual report mailings. E sil Address:  LC AMND/RESTATI  E-Po	Enter only one e  E/CORRECT  OWER JC LL	or M/MG RE	ease. **
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Electronic Filing Menu

Corporate Filing Menu

Help

H22000390080 3

### H22000390080 3 COVER LETTER

TO:	Registration Se Division of Cor		•	n
SUBJEC	E-POWER	JC LLC		
SUBJEC	- 1	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		JAVIER REYES		
			Nanse of Person	
			Firm/Company	
		720 NORTH FORSYTH I	ROAD	
			Address	
		ORLANDO, FL 32802		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
JAVIER	REYES		407 591-0937 at()	
	Name o	f Person	Area Code Dayrin	ue Telephone Number
Enclosed	is a check for the	ne following amount:		
□ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ection
	Registration of C		Division of Co	
	P.O. Box 632	7	The Centre of	
	Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

# HZZ0003900803

## ARTICLES OF AMENDMENT TO ARTICLES OF OPCANIZATION

TAIN I	ICLES OF C	JACKINIZA LICH	
	C	F	F   022 NOV SECRETA TALLA
E-POWER IC LLC			V 15 A
(Name of the Lim	ited Liability Compa	iny as it <mark>now appears on our records.</mark> Liability Company)	AHASSE
	(A Fiorida Limitod	Cianiniy Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on 07/07/2021	and assigned
Florida document number L21000310546			36 126
This amendment is submitted to amend the fol	lowing:		
A. If amonding name outer the new name	of the limited lieb	Iller no en como homos	
A. If amending name, enter the new name of	n the amilea had	uity company nere:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE		720 NORTH FORSYTH ROAD	
The state of the s	21 110 DALLA, 17	ORLANDO, FL 32802	
F			
Enter new mailing address, if applicable:		**************************************	***************************************
(Mailing address MAY BE A POST OFFICE	BOX)		
		111111111111111111111111111111111111111	
B. If amending the registered agent and/or		address on our records, enter th	e name of the new registered
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	JAVIER REYE	SS	
	720 NORTH F	ORSYTH ROAD	
New Registered Office Address:		Enter Florida street address	***************************************
	OBLYZDA		32802
	ORLANDO	Chy, Flori	ida
		CHIF	rap cone

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.

Javier Rejes
H Changing Registered Agent, Signature of New Registered Agent

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Expertax Financial

HZZOOO39003

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

Title	Name	Address	Type of Action
MBR	MYRIAM COTT DE REYES	720 NORTH FORSYTH ROAD	
		ORLANDO, FL 32802	□Remove
			DAdd
			Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			C) Add
			[]Remove
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			□Add
			Remove
			□ Change

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## H220003900803

). If amend	ing any other informa	tion, enter change(s) here:	: (Attach additional sh	eets, if necessary.)	
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(If an effecti Note: If t	the date inserted in this bl	e date of filing:  st be specific and cannot be prior to lock does not recet the applicate partment of State's records.	to date of filling or more than table statutory filling requi	(optional) 190 days after filing.) Pursuan rements, this date will not	a to 605.0207 (3 be listed as th
the record sp cord is filed.	pecifics a delayed effectiv	e date, but not an effective tin	me, at 12:01 a.m. on the	earlier of: (b) The 90th d	uy after the
Dated	11/15/2022		· '		
		Javes Registrature of a meruber or author	4 <u>0</u>	***************************************	
				cmper	
		JAVIER	REYES		