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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Co | | | |
|----------------------------|--|---|--|
| POWERTO SUBJECT: | OWN LINE CONSTRUCTION | K. LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | FRANK KALAN | | |
| | | Name of Person | |
| , | POWERTOWN LINE CO | NSTRUCTION, LLC | |
| | | Firm/Company | |
| | 11223 EAST US 92 | | |
| | | Address | <u> </u> |
| | SEFFNER, FL 33584 | | |
| | fkalan@powertown.net | City/State and Zip Code | |
| | • | to be used for future annual report notifi | ication) |
| For further information of | concerning this matter, please c | | |
| FRANK KALAN | | 813 374-9298 | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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) |
| MAII | INC ADDRESS: | STREET/COURT | FR ADDRESS: |

MAILING ADDRESS

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| POWERTOWN LINE CONSTRUCTION, I | - | |
|--|---|-----------------------|
| (<u>Name of the Limited Liabili</u> (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C | Company were filed on 6-21-2005 | and assigned |
| Florida document number L05000061680 | - | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | ! |
| (Principal office address MUST BE A STREET ADDI | RESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2019-SEP 30 A |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | er the name of the |
| | | |
| 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 t 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Acti |
|---------------------|------------------|--|--------------|
| AMBR | FRANK KALAN | 11223 E US 92 SEFFNER, FL 33584 | Add |
| | | | □ Remove |
| | | | Change |
| AMBR KATRINA FLETCH | KATRINA FLETCHER | 11223 EAST US 92, SEFFNER, FL 33584 | Add |
| | | | ■ Remove |
| | | | Change |
| AMBR | RAY SHAFFER | 11223 EAST US 92, SEFFNER, FL 33584 | Add |
| | | | ☐ Remove |
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| | | | Change |
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| Effective date, if other than the date of filing: (optional) |
|--|
| (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. |
| |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier |
|) The 90th day after the record is filed. |
| |
| Dated 2019 |
| |
| |
| Signature of a member or authorized representative of a member |
| |
| STEVEN S TOWNSEND |
| Typed or printed name of signee |

D. It amending any other information, enter change(s) here: (Much diamonal sheets, if necessary)

Page 3 of 3

Filing Fee: \$25.00