L07000 05362

| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| <u>_</u> |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Entity Walne) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| T |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



100402195691

02/17/28--01010--028 **25.00

2023 FEB 17 AM 9: 14 SECUL NO GE STATE

COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration Sec Division of Corp | | | | |
|------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------|-----------------------------------------------------------------|
| | NLINE SOLUTIONS, LLC | | | |
| SUBJECT: | Name of Limi | ted Liability Company | | |
| | | witted for filling | | |
| | Amendment and fee(s) are subr | | | |
| Please return all correspo | ndence concerning this matter t | o the following: | | |
| | CHARLES K CARILLO | | | |
| | | Name of Person | · | |
| | POWER ONLINE SOLUT | TONS, LLC | | |
| | | Firm/Company | | |
| | 378 Northlake Blvd Unit # | 134 | | |
| | | Address | | 202 SE |
| | North Palm Beach, FL 334 | 08 | | |
| | | City/State and Zip Code | | |
| | office@poweronlinesolution | | | (4) To 100 |
| | E-mail address: (1 | to be used for future annual report noti- | fication) | |
| For further information c | oncerning this matter, please ca | all: | | 2023 FEB 7 AM 9: 14 SECRETATE OF STATE TALLES INSEE, FL |
| CHARLES K CARILLO |) | 561 270-0013 | | 111 |
| Name o | f Person | | e Telephone Number | <u> </u> |
| | | | | |
| Enclosed is a check for the | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & |
| <u> Mailing Addres</u> | ss <u>:</u> | Street Address: | | |
| Registration ! | Section | Registration Se | | |
| Division of C P.O. Box 632 | | Division of Cor The Centre of T | • | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| POWER ONLINE SOLUTIONS, LLC | <u></u> | |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | oany as it now appears on our records.) (Liability Company) | |
| The Articles of Organization for this Limited Liability Compan Florida document number L07000105362 | y were filed on 10/17/2007 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Lial | bility Company." the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 23 |
| (Principal office address MUST BE A STREET ADDRESS) | | 73 11 EB |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter t</u> l | ne name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florido street address | |
| | , Flor | ida |
| | Cuv | 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 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

| | Aumorized Member | Address | Type of Action |
|---------------------|-----------------------------------|---------------------------------------------|------------------------------------------|
| <u>Title</u> MGR | <u>Name</u> CARILLO, CHARLES K | 378 Northlake Blvd | □Add |
| | | Unit # 134 | ■Remove |
| | | North Palm Beach, FL 33408 | □ Change |
| AMBR | CARILLO, CHARLES K | 378 Northlake Blvd | |
| | | Unit # 134 | ≣Remove |
| | | North Palm Beach, FL 33408 | Change |
| S | CARILLO, CHARLES K | 378 Northlake Blvd | □Add |
| | | Unit # 134 | ZO Z |
| | | North Palm Beach, Ft. 33408 | Change |
| MGR | CAUSEWAY BAY LIMITED PAR | Unable to | 11 S 30 S |
| | | *Unable to — fit name. — Please see — | □ Remove □ Change |
| AMBR | CAUSEWAY BAY LIMITED PAI | «Next Page | = Add |
| | | Unit # 134 | □Remove |
| | | North Palm Beach, FL 33408 | |
| | | | 🗀 Add |
| | | | □Remove |
| | | | □Change |

Page 2 of 3

| CAUSENALDALI | IMITED PARTNERSHIP | | | · |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|-------------------------|
| 378 Northlake Blvd | | | | |
| Unit # 134 | | | | |
| North Palm Beach, FI | . 33408 | | | |
| (I was unable to type | he full name of the entity | under "amending Author | ized Person(s)" above) | |
| | | | - | <u>,</u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | |
| n effective date is listed, the ote: If the date inserted i | an the date of filing:date must be specific and carr this block does not meet the Department of State | the applicable statutory f | (option or more than 90 days after fil iling requirements, this d | ing.) Pursuant to 605.0 |
| record specifies a c The 90th day after t | elayed effective date he record is filed. | , but not an effectiv | e time, at 12:01 a.i | n. on the earlie |
| February ted | . 1. | 3 | 4.3 | 2023 SEV TAL |

Page 3 of 3

Filing Fee: \$25.00