

L100000099671

Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POWER ON PRODUCTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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10 NOV 16 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 NOV 16 AM 10:06
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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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H10000248728

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

④

POWER ON PRODUCTS 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 09/23/2010 and assigned
Florida document number L10000099671.

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 end with the words "Limited 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 ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

CARLAMIR LIMITED CORP

New Registered Office Address:

2650 BISCAYNE BLVD # 101

Enter Florida street address

MIAMI

Florida

33137

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 602, 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

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<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>TYPE OF ACTION</u>
MGR	CITI Electronics Corp	4303 South Bowen Rd #117 Arlington, TX 76016	ADD

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TALLAHASSEE, FLORIDA

H10000248728

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

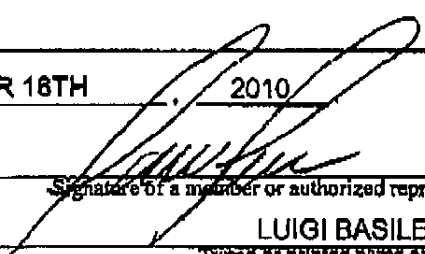
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Alejandro Tortorella	7508 NW 54th ST MIAMI, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove ✓
MGR	MIKE LOUPE	7508 NW 54TH ST MIAMI, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove ✓
MGR	JEFF LOUPE	7508 NW 54TH ST MIAMI, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove ✓
MGR	LION LOU	7508 NW 54TH ST MIAMI, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove ✓
MGR	LUIGI BASILE	7508 NW 54TH ST MIAMI, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove ✓
MGR	Carlamir Limited Corp	7508 NW 54TH ST MIAMI, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated NOVEMBER 18TH 2010


Signature of a member or authorized representative of a member
LUIGI BASILE
Typed or printed name of signer

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