

L11000118225

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 08 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MORE Power Entertainment MPE, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

COREY D. MCCLONDON  
Name of Person

\_\_\_\_\_  
Firm/Company

828 TRINA LANE  
Address

LAKELAND, FL 33809  
City/State and Zip Code

Totalrehabllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COREY D. MCCLONDON at (321) 362-2048  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

More Power Entertainment MPE, 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 10/17/2011 and assigned Florida document number L11000118225.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Total Rehab Home Improvement TRHI, LLC

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)

828 Trina Lane

Lakeland, FL 33809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

828 Trina Lane

Lakeland, FL 33809

**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:

COREY D. McCLendon

New Registered Office Address:

828 Trina Lane

Enter Florida street address

Lakeland

City

Florida 33809

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 608, 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.*

Corey D. McClendon  
If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	COREY D. McCLENDON PRESIDENT/CEO	828 TRINA LANE Lakeland, FL 33809	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sherry Peartman V.P./CFO	828 TRINA LANE LAKELAND, FL 33809	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CASCIA A. McCLENDON	195 DIVISION Street CLERMONT, FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 2, 2012.

Corey D. McClelland  
Signature of a member or authorized representative of a member  
COREY D. McCLENDON, PRESIDENT CEO  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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