

L120000028652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

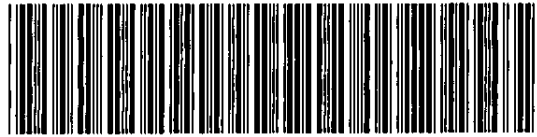
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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02/06/17--01023--017 \*\*35.00

2017 FEB 28 P 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

MAR 01 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2017

DANIELA M. KOCH  
429 LENOX AVE, SUITE 534  
MIAMI BEACH, FL 33139

SUBJECT: POWERFUL MEN LLC  
Ref. Number: L12000028652

We have received your document for POWERFUL MEN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 317A00002734

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Powerful men 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:

Carlos A. Ramirez  
Name of Person

Powerful men LLC  
Firm/Company

429 Lenox Ave. Suite 534.  
Address

Miami Beach, FL 33139.  
City/State and Zip Code

carlos@powerful.yt.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela Koch at (706) 312-5323.  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

Powerful men 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 02/28/2012 and assigned Florida document number L12000028652.

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 contain 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)**

429 Lenox Ave. Suite 534  
Miami Beach, FL 33139.

**Enter new mailing address, if applicable:**

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

429 Lenox Ave. Suite 534  
Miami Beach, FL 33139.

**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:**

Carlos A. Ramirez

**New Registered Office Address:**

525 Lakeview Dr.

Enter Florida street address

Miami Beach

City

Florida

33140

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 Changing Registered Agent, Signature of New Registered Agent

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FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr.</u>	<u>Gonzalez, Miguel A.</u>	<u>1444 Biscayne Blvd.</u>	<input type="checkbox"/> Add
		<u>Suite 110</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, FL 33132</u>	<input type="checkbox"/> Change
<u>Mgr.</u>	<u>Blassini, Francisco</u>	<u>1444 Biscayne Blvd.</u>	<input type="checkbox"/> Add
		<u>Suite 110</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, FL 33132</u>	<input type="checkbox"/> Change
<u>Mgr.</u>	<u>Ramirez, Carlos</u>	<u>525. Lakeview Dr.</u>	<input type="checkbox"/> Add
		<u>Miami Beach, FL 33140</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 01/30/2017, \_\_\_\_\_

Carlos A. Ramirez.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA