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(Re	questor's Name)			
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(C:	y/State/Zip/Phone	#0		
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE BIVISION OF CORPORATIONS

B FIGUEROA JAN 05 2018

COVER LETTER

		stration Section of Corp					
end iez		Powerful M	en LLC				
SUBJEC	.1; _	Name of Limited Liability Company					
The enclo	osed .	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn a	all correspor	ndence concerning this matter	to the following:			
			Carlos Ramirez				
				Name of Person	·		
			Powerful Men LLC				
	Firm/Company						
	429 Lenox Ave						
			Address				
			Miami Beach, FL 33138				
	City/State and Zip Code						
carlos@powerful.yt							
			E-mail address: (to be used for future annual repo	ort notification)		
For furthe	er inf	ormation co	ncerning this matter, please co	all:			
Daniela Koch / Reinaldo Martinez 305 779-2449 Ext. 8003							
		Name of	Person	at () Area Code 1	Daytime Telephone Number		
Enclosed	is a	check for the	c following amount:				
\$25.0	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Powerful Men LLC				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on _02/28/2012	and assigned		
Florida document number 1.12000028652				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Powerful Foods LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:	429 Lenox Ave.			
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139			
Enter new mailing address, if applicable:	429 Lenox Ave.			
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33139			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	ffice address on our records, entere:	SEGRETARY OF STATE HE BIVISH OF CORPURATIONS 18 JAN -2 AN S: 23		
	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 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

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> **Address Type of Action** _D Add _□ Remove __ Change _____ □ Add _□ Remove _□ Change ____ □ Remove _□ Change □ Add _□ Remove □ Add □ Remo ☐ (Thànge _□ A**⇔** ☐ Remove

_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if n	necessary.)
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E. Effective date, if other than the date of filing:	ptional) offer filing.) Pursuant to 605.0207 (3)(1) this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:0 b) The 90th day after the record is filed.	
December 26th 2017 Dated	BECRETARY BIVISION OF CO 18 JAN -2
	FILE TARY N-2
Signature of a member or authorized representative of a member	ORPOS SPORTS
Carlos Ramirez	RATIE
Typed or printed name of signee	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00