

#L12000135859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

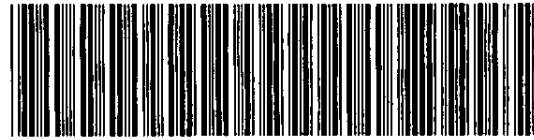
(Business Entity Name)

(Document Number)

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FILED
13 MAR -4 AM 11:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 6 - 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POWER SAVER 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:

DOMINIC CASTANEDA
Name of Person

POWER SAVER LLC
Firm/Company

3477 NW 44TH ST #201
Address

OAKLAND PARK, FL 33309
City/State and Zip Code

DOMINIC.CAS@ME.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOMINIC CASTANEDA at (305) 924-0634
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 MAR -4 AM 11:11
TALLAHASSEE, FLORIDA

POWER SAVER 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 10/25/2012 and assigned
Florida document number L12000135859

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:

SHANNON O'BRYNE

New Registered Office Address:

3477 NW 44TH ST #201

Enter Florida street address

OAKLAND PARK
City

Florida

33309
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.

Shannon O'Byrne
If Changing Registered Agent, Signature of New Registered Agent

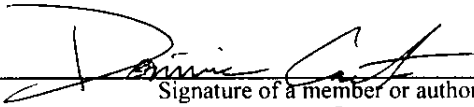
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MIKE SCHOONOVER	408 NE 6 TH ST #235	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Remove
		33304	
MGRM	SHANNON OBYRNE	3477 NW 44 TH ST #201	<input checked="" type="checkbox"/> Add
		OAKLAND PARK, FL	<input type="checkbox"/> Remove
		33309	
			<input type="checkbox"/> Add
			<input 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 2-12-13, _____.



Signature of a member or authorized representative of a member

DOMINIC CASTANEDA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00