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· COVER LETTER

TO: Registration Sect Division of Corpo	
Power Flowe SUBJECT:	r, LLC
SOBJECT:	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Roberto Calanchi
	Name of Person
	Firm/Company
	1717 N Bayshore Drive Suite 109
	Address
	Miami, FL 33132
	City/State and Zip Code Calanchi & hotmail it E-mail address: (to be used for future annual report notification)
For further information con	ncerning this matter, please call:
Roberto Calanchi	at (786) 296-2665
Name of F	Person Area Code Daytime Telephone Number
Enclosed is a check for the	· · · · ·
■ \$25.00 Filing Fee Department of State	\$30.00 Filing Fee & \$\sum \text{\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\text{\$\subset\$}\$\$\subset\$\$\subse

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

Power Flower, LLC			
(Name of the Limi	ted Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	ur records.)
The Articles of Organization for this Limited I	iability Company v	were filed on 4/18/201	and assigned
Florida document number L13000057807	·		
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name of	f the limited liabil	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
			m series
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		ORATE 7
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		:	records, enter the name of the
Name of New Registered Agent.			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	1717 N Bayshor	e Unit 109 Enter Florida str	
		Enter r torida str	
	Miami		, Florida 33132
		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 = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address J	Type of Action
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			Remove
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Effective d	late, if other that e date is listed, the da	n the date of fil te must be specific	ling: and cannot be prior to	date of filing or more	(option: than 90 days after file	al) ing.) Pursuant to 605.0
Note: If the	e date inserted in the effective date on the	this block does no	ot meet the applicab	le statutory filing re	quirements, this da	ate will not be listed
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