14000/03286

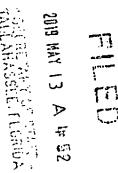
(Req	uestor's Name)	
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T LEWIEUX

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: POWE	ERTEAM INVESTMENTS	, LLC	
	Name of Lun	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	unitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	REGINALD JE	EAN	
		Name of Person	
	POWERTEAM	HNVESTMENTS, LLC	
	- 	Firm/Company	11.000
	1851 NW 96TF	H TERRACE APT C	
	.	Address	
	PEMBROKE	PINES, FL 33024 City/State and Zip Code	
	eaginattian		
	E-mail address: (n1@hotmail.com no be used for nature annual report notif	ication)
For further information	concerning this matter, please or	all:	
	ALD JEAN	at (<u>954</u>) <u>559-5425</u> Area Code Davrime	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
S25.00 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

POWERTEAM INVEST.			
(<u>Name of the Limited Liat</u> (A Flo	bility Company as it now appears on our records.) orda Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document numberL14000103286		2019 MAY and assigned SECRET TALLAHA	
This amendment is submitted to amend the following:	;		
A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and contain the words "L	amited Liability Company," the designation "LI U" or	r the abbreviation "L.L.t"	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>c</u> <u>ddress here</u> :	enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address	Enter Florida street address	
		Cuy Zip Code	
		Zip Code	
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered	complete performance of my duties, and I	am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
MGR	EVELYNE G BOBO	16548 SW 32ND ST MIRAMAR FL 33027	
			□ Remove
			□ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			_□ Change
			O Add
			_□ Remove
			_□ Change
			_□ Add
		**	_□ Remove
			_□ Change
			_D Add
			_□ Remove
			_□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an et Note:	(optional) fective date is based, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as item's effective date on the Department of State's records.
he re Th€	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	May 9 2019
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00