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COVER LETTER *

| TO: Registrati Division o | on Section f Corporations | | | |
|------------------------------|---------------------------------------|-------------------|--|--|
| SUBJECT: | ALL POWE | eslorts | ·LLC | |
| | N | ame of Limited Li | ability Company | |
| The enclosed Articl | es of Amendment and fee | (s) are submitted | l for filing. | |
| Please return all cor | respondence concerning | his matter to the | following: | |
| | | STE114 | MARIS MARUS Name of Person | 0 |
| | | | | |
| | | ALL POU | ERSHORTS, U.C. Firm/Company |) _ |
| | | | Firm/Company | |
| • | 4, | 19NW 79 | STREET | |
| | · · · · · · · · · · · · · · · · · · · | 19NW 79 | Address | |
| | | MIAMI 7 | ₹L (33150) | |
| | <u> </u> | POWERSPO | 2L (33150) //State and Zip Code RTSLL (O) GMA sed for future annual report no | iL-Cony |
| For further informat | ion concerning this matte | | sed for future annual report is | omication) |
| STELLA! | AGRIS MARUSE |) | at (786) 371 | - 3720 |
| N | ame of Person | | at (<u>786</u>) <u>371</u> Area Code Dayt | ime Telephone Number |
| Enclosed is a check | for the following amount | : | | |
| \$25.00 Filing F | ee \$30.00 Filing Certificate o | | \$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

| ALL POWERSPORTS | 41.0 |
|---|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L1600048677</u> . | were filed on MARCH 9, 2016 and assigned |
| This amendment is submitted to amend the following: | • |
| A. If amending name, enter the new name of the limited liabil ALL POWERS PORTS | |
| The new name must be distinguishable and contain the words "Limited Liabilit | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 419NW 79 STREET MIAMI FL (33150). ≥ |
| Enter new mailing address, if applicable: | PR I PR I 8 |
| (Mailing address MAY BE A POST OFFICE BOX) | F STATE OR DA |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: | |
| Name of New Registered Agent: | TEILY MARIS MARUSO 119NW 79 STREET |
| New Registered Office Address: | I 9 NW 79 STREET Enter Florida street address |
| Mir | 741, Florida 38150 City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent's | |

New Registered Agent's Signature, it 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 |
|--------------|---|-------------------------------|-------------------|
| MGR/AMBR | STELLA MARIS MARUSO | 419NW 79 STREET. MIGMITE (331 | Add Add |
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| ective date, if other than the effective date is listed, the date in their lift the date inserted in this nument's effective date on the record specifies a delay the 90th day after the record specifies and lift | nust be specific and cannot block does not meet the Department of State's ed effective date, ecord is filed. Signature of a member of a m | te applicable statutory filing records. but not an effective | nore than 90 days after a requirements, the time, at 12:01 | a.m. o | on the e | e listed |

Filing Fee: \$25.00