## L16000110727

(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to	o Filing Officer:	
	Q. SILAS	
	MAT 2 U 2022	
	5/13/	22

Office Use Only

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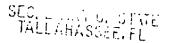
NAR 28 142

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SECRETARY OF STATE

RECEIVED

2022 MAY 13 AM 7:56



# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2022

CAROLINA G. PISANA 4035 NW 11 PLACE LAUDERHILL, FL 33313

SUBJECT: IFIX GENERATORS, LLC Ref. Number: 1,16000110727

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

Please complete the enclosed form.OR remove the blue boxes from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 822A00008652

#### **COVER LETTER**

	egistration Sec ivision of Corp				
SUBJECT		RATORS, LLC			
SOBJECT		Name of Lim	ited Liability Company		
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspor	ndence concerning this matter	to the following:		
		PISANA, CAROLINA G.			
			Name of Person		
		IFIX GENERATORS, LLC	•		
			Firm/Company		<del></del>
		4035 Nw 11 Place			
			Address	· · · .	<del></del>
		Lauderhill, FL 33313			
			City/State and Zip Code		<del></del>
		cpisana@hotmail.com	to be used for future annual re		
For further	information co	n-man address: () oncerning this matter, please ea		eport noutication)	
PISANA.	CAROLINA G		at ( <u>954</u> ) <u>305-</u> Area Code	-5349	
	Name of	Person	Area Code	Daytime Telephone N	umber
Enclosed is	s a check for the	e following amount:			
□ \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck	Cerosed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy litional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassa, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MITTHAY 13 AM 9: 42

SECRETARY OF STATE
TALLAHASSEE, FL

IFIX GENERATORS, 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 L Florida document number $\frac{L16000110727}{L16000110727}$	iability Company	were filed on 06/08/2016	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	nility company here:	
PRO POWER MARINE, LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4035 NW 11th Place	
(Principal office address MUST BE A STREET ADDRESS)		Lauderhill, FL 33313	
		<del></del>	
Enter new mailing address, if applicable:		4035 NW 11th Place	
(Mailing address MAY BE A POST OFFICE BOX)		Lauderhill, FL 33313	
B. If amending the registered agent and/or agent and/or the new registered office addre	• •	address on our records, <u>entc</u>	er the name of the new register
Name of New Registered Agent: PISANA, CAR		OLINA G.	
New Registered Office Address:	4035 NW 11th	Place	
<del></del>		Enter Florida street addr	ess
	Lauderhill	. 1	Horida <u>33313</u>
	<del></del> -	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 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	
prok = manager	
AMBR = Authorized Member	
ASTOR - Authorized Stember	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
		<del></del>	□Change
		<del></del>	□Add
			□Remove
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	<del></del>		□Add
			Remove
			□Change

	<u>.                                    </u>
(If an e <u>Note</u>	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d 04/27/2022 . 12:00 a.m.
	Signature of a member or authorized representative of a member
	Signature of a member of addition of representative of a member