

10/26/2017

L17000022779

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LOLA HOLDINGS CORPORATION
Account Number : I200900000034
Phone : (954)782-3610
Fax Number : (954)366-3239

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HIGH POWER CONSTRUCTION LLC

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S. WARREN

OCT 27 2017

2017 OCT 26 PM 3:05
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17 OCT 26 AM 9:18
SUNBIZ
TALLAHASSEE, FLORIDA

((H17000282808 3))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HIGH POWER CONSTRUCTION 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 01/30/2017 and assigned
Florida document number L17000022779

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 contain 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**)

11440 CITRA CIRCLE APT 108

WINDERMERE, FL 34786

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

11440 CITRA CIRCLE APT 108

WINDERMERE, FL 34786

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: _____

New Registered Office Address: _____

Enter Florida street address

City

Florida

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

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STATE
OF FLORIDA
TALLAHASSEE

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

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Remove
Change
Add
Remove

