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2017 JUL 17 PM 4: 87
SECRETARY OF STATE

K. SALY JUL 18 2017

COVER LETTER

SUBJECT:	POWERHOUSE	TRANSPORTATION, LLC	
Jobster.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	SIERRA, DAYVER		
		Name of Person	
		Firm/Company	
	7715 NW 48TH ST SUITI	E 385	
		Address	
	DORAL, FL 33166		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
SIERRA, DAYVER		305 748-3896 at ()_	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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:

TO:

Registration Section Division of Corporations

> 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**

FILED
2017 JUL 17 PM 4: 00
IALLAHASSEE, FLORIDA

POWERHOUSE TRANSPORTATION, 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 Completion of Complete Liability	pany were filed on	07/03/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company	here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," th	e designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address if applicables			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	'-		
maning duaress may be a rost of field body			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	<u>s here</u> :		
		Florida street addres	
	City	, Fl	orida Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance it as provided for i	of my duties, ai n Chapter 605,	nd I am familiar with and F.S. Or, if this document is
Ī	f 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	SIERRA, DAYVER	7715 NW 48TH ST SUITE 385	
		DORAL, FL 33166	□ Remove
			■ Change
			□ Add
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ective date, if other than the	a date of filing:		(0)	ptional)
effective date is listed, the date mu e: If the date inserted in this b ument's effective date on the I	ist be specific and cannot be lock does not meet the a	pplicable statutory	or more than 90 days a	fler filing.) Pursuant to 605.020
record specifies a delaye he 90th day after the re		it not an effecti	ve time, at 12:0	1 a.m. on the earlier o
ed	2017	·		
Die		_		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00