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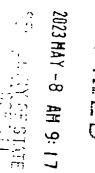
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: WORLD POWER/IFTING OF Name of Limited Liabili	RSANIZATION LLC ty Company
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:
ElBert WAYNE /	Ollom nc of Person
WORID POWERLIFTIN	Je OlgonizATION/LC
9465 HARRIOR CO	Audi 638
JACKSONSVIITE Flo.	Rids 3222 1 te and Zip Code
LUDRID Part X/i FTINCORC E-mail address: (to be used f	for future annual report notification)
For further information concerning this matter, please call:	
EIBENT WAYNE Pollum at a	(904) 866-212 S Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cer	.00 Filing Fee & rtified Copy ditional copy is enclosed) S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 July 19th 2017 and assigned Florida document number 4 17000143 759 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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	AMY L. JACKSON	505 WESTGATE, DRIVE AURORA, IL 60506	🗆 Add
		AURORA, IL 60506	Remove
			□Change
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