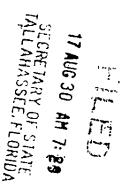
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Office Use Only



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COVER LETTER

Division of Corpo	rations				
SUBJECT: POWER	2 HORSE T	RUCKING LL	C		
	Name of Limi	ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are subm	mitted for filing.			
Please return all correspondence concerning this matter to the following:					
	ANDRE HAL	Name of Person			
		Name of Person			
		Firm/Company			
		, ,			
	13402 TALL PI	ALM PL #202			
		Address			
	0	~ · · · · · · · · · · · · · · · · · · ·			
CIVERVIEW, FL, 33578 City/State and Zip Code					
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notifi	(cation)		
	·	•	,		
For further information con	cerning this matter, please or	All:			
ANDRE HALL	1	at (<u>504</u>) <u>248-8</u>	278		
Name of I	'erson	Area Code Daytime	: Telephone Number		
Enclosed is a check for the	following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	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

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on August 22,2017 and assigned Florida document number 6/7000179432 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

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	ANDRE HALL	13442 TALL PALM PL #202	BT_Add
		RIVERVIEW, FL 33578	□ Remove
			Change
MGR Lusi	Luswanna L. HALL	13402 Tall Palm Pl #202	Add
		REVERVENTUM, FL 33578	E-Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			🖸 Add
			D Remove
			☐ Change

	
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	ORIGINAL DE LA CONTRACTOR DE LA CONTRACT
	<b>&gt;</b>
Tective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to cote: If the date inserted in this block does not meet the applicable	tate of filing or more than 90 days after filing.) Pursuant to 605.0207
ocument's effective date on the Department of State's records.	
record energias a delayed effective date. but ask	on officiality birth at 12.01 and the sadian state of
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	in effective time, at 12:01 a.m. on the earlier of
ated,	
00	ed representative of a member

Page 3 of 3

Filing Fee: \$25.00