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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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09/24/18--01018--017 **25.00

9/20/18/25

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations			
G POWEF	R EXPRESS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	PAUL GORBATENKO			
		Name of Person		
	G POWER EXPRESS LLC			
		Firm/Company		
2714 DRUID RD, APT 9205				
		Address		
	CLEARWATER, FL 3376	4		
	PGORB0717@GMAIL.CO	City/State and Zip Code M		
	E-mail address: (to be used for future annual report notifi	cation) C3	
For further information	concerning this matter, please co	all:		
PAUL GORBATENKO)	at () 8674366 Area Code Daytime		
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)	
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURI Registration Section Division of Corpora	ı	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G POWER EXPRESS LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records, a Limited Liability Company)) -
The Articles of Organization for this Limited Liability C Florida document number $\frac{17000225086}{1}$		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the⊄name of the
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida street address	
	Fla	rida
No	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 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>	Name	<u>Address</u>	Type of Action
AMBR	TAYA A GORBATENKO	2714 DRUID RD, APT 9205	
		CLEARWATER, FL 33764	Add
			■ Remove
			□ Change
			☐ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			Change
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			Change
			Add
			Remove
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<u>iote:</u> I	If the date inse	ter than the date of d, the date must be spec rted in this block doe date on the Departme	s not meet the app	licable statutory f	or more than 90 day Tling requirement	(optional) is after filing.) Pursuan is, this date will not	t to 605.0207 be listed as
		s a delayed effec ter the record is		not an effectiv	ve time, at 12	:01 a.m. on the	earlier of
0 ated _)9/22/2018	- Oa. I			_		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00