11800083170

(Re	equestor's Name)	•
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

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J SHIVETO

COVER LETTER

	legistration Se Division of Corp		· .	
SUBTRO	Pow Ya Ga			
SUBJECT	r:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Tresca R. Crusaw		
			Name of Person	
		Yahweh Enterprises, LLC		
			Firm/Company	
		1708 Forest Lake Circle W	/. Unit 2	
			Address	
		Jacksonville, Florida 3222	5	
			City/State and Zip Code	
		yahwehenterprisesllc1@gm	ail.com to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please co	•	
Tresca R.	Crusaw	-	904 524-6036 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e 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: 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

Pow Ya Gang, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000083170	Company were filed on 04/02/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
PowYaGang Entertainment, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		er the name of the n
		ASE IN
Name of New Registered Agent:		
New Registered Office Address:		ASSET ASSET
	Enter Florida street address , Florida	E. F. S.
		Zip Søde
New Registered Agent's Signature, if changing Register	ed 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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			Change
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Continue date of athematical and a date of City		
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional) r more than 90 days after filing.) Pursuant to 605.	0201
te: If the date inserted in this block does not meet the applicable statutory fil cument's effective date on the Department of State's records.	ling requirements, this date will not be liste	d as
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record specifies a delayed effective date, but not an effective the 90th day after the record is filed.	e time, at 12:01 a.m. on the earlie	r o
April 20th, 2018	\bigcirc	
ted April 20th, 2018		

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Typed or printed name of signee

Filing Fee: \$25.00