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TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT:	Pouer A	Aguisitions Lited Wability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John	Name of Person	
	Paue	Aguisitum Firmempany	,
			9 pr. 58 8 1
	Sate	City/State and Zip Code  VYY 1014 & C.  To be used for future annual report notified to the control of the cont	SEP JO PH F: 55 PAINS FLORIDA (cation)
	E-mail address: (t	to be used or future annual report notif	Ol. Con Fine Fine Fine Fine Fine Fine Fine Fin
For further information of	oncerning this matter, please ca		55 11. (IDA
John Name o	f Person	at (760) 914 · Daytime	- U Lo G 7  Telephone Number
Enclosed is a check for the	ne 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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Power	Aquisitions LLC
( <u>Name of the Limited Liability C</u> (A Florida Li	company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number 1180000 9 2 372	pany were filed on April 12 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or the appropriate in LLC.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable:	55 55
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido
<del></del>	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered A	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>	<u>Address</u>	Type of Action
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