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(R	equestor's Name)		
(Address)			
(A	ddress)		
(C	ity/State/Zip/Phone	÷#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(D	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

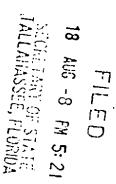
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AUG 11 2018 S. YOUNG



COVER LETTER

O: Registration Section Division of Corporations
OUBJECT: Powerhouse Digital Marketing Services CLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Julia Polaniecki Name of Person Power house Digital Marketing Services UC Firm/Company
9784 Grand Verde Way #612 Address Boca Raton, FL 33428 City/State and Zip Code Julia Opowerh ouse digital mktg. com E-mail address: (to be used for future annual report notification) Tor further information concerning this matter, please call: Julia Polaniecki at (561) 703-4195 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy □ Certificate of Status & □ Certified Copy □ Certif
MAILING ADDRESS: Registration Section Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company (A Florida Limited Liab	as it now appears on outlity Company)	r records.)	
The Articles of Organization for this Limited Li Florida document numberL 18000	iability Company wo 171608	ere filed on	17-18	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabilit	y company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designati	on "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			<u>≥</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- <u>BOX)</u> _			AUG -8 PH 5:
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	fice address here:	Colunicity Grand Very Enter Florida stre		46/2
		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:

$MGR = \cdot$	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Julia Polanecki	9784 Grand Verde W	/ 14_BIAdd
		#612	□ Remove
		Boca Raton, FL 339	<u>128</u> □ Change
			🗆 Add
			Remove
			Change
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			18 Remove All A Change Change
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			☐ Remove
			□ Change
			🗆 Add
			□ Remove
			☐ Change

D. If ámending any other	r information, enter c	change(s) here: (A	Attach additional sheets	, if necessary.)	
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				.I.s. 5	
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				ASSE ASSE ASSE ASSE ASSE ASSE ASSE ASSE	
				ORID A	
					
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E. Effective date, if other (If an effective date is listed, a Note: If the date inserted document's effective date	d in this block does not	meet the applicable:	te of filing or more than 90 d statutory filing requireme	_ (optional) ays after filing.) Pursuan ents, this date will not	nt to 605.0207 (3)(be listed as the
If the record specifies a (b) The 90th day after	r the record is filed			2:01 a.m. on the	earlier of:
Dated Augu	st 5th	., 2018.			
**	Signature of a	member or authorized	representative of a member		
	Sulia	Typed or printed nar	le.		
		Typed or printed nar	ne of signee		

Page 3 of 3

Filing Fee: \$25.00