## 118000192261

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	<del>= #)</del>
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## **COVER LETTER**

TO:

	egistration Se ivision of Cor			
cun ir ca		Demand Generator Systems LL	LC	
SUBJECT	: <u>-</u>	Name of Lim	ited Liability Company	
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Blanca Reyes		
			Name of Person	<del></del>
		Power On Demand Genera	ntor Systems LLC	
			Firm/Company	
		591 Evernia St Suite 2115		
			Address	
		West Palm Beach FL 3340	1	
		vakbnb@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For further	information co	oncerning this matter, please ca	all:	
Blanca Re	ves		561 324-0661	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.	ailing Address egistration S ivision of Co O. Box 632 allahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020

Power On Demand Generator Systems LLC		FEB T
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	21
The Articles of Organization for this Limited Liability Company  Florida document number <u>Li8000 9224 </u>	were filed on 08/10/2018	assigned 28
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u> VAKBNB LLC	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	591 Evernia St Suite 2115	
Principal office address MUST BE A STREET ADDRESS)	West Palm Beach FL	5
	33401	
Enter new mailing address, if applicable:	591 Evernia St Suite 2115	
Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach FL	
	33401	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the 1</u>	name of the new registered
New Registered Office Address:	Enter Florida street address	<del>.</del>
	Florida	
	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>	<u>Name</u>	Address	Type of Action
	<del></del>		□Add
			□Remove
			□Change
			□ Add
			□Remove
			🗀 Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□ Change
			🗀 Add
		□Remove	
		□Add	
		□Remove	
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del> -	
(If an effecti Note: If t	date, if other than the date of filing:
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Fel Dated	bruary 17, 2020
	Signature of a member or authorized representative of a member
	Blanca Reyes
	Typed or printed name of signee

Filing Fee: \$25.00