L18000203297

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COVER LETTER

TO:				
427 183 883				
SUBJE	CI:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Gustavo Canizares		
		Power Plus Services, LLC	Name of Person	
		1311 SW 92nd Ave	Name of Limited Liability Company t and fee(s) are submitted for filing. cerning this matter to the following: O Canizares Name of Person Plus Services, LLC Firm/Company N 92nd Ave Address FL 33174 City/State and Zip Code B-mail address: (to be used for future annual report notification) nis matter, please call: 305 609-9534 at (
	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Gustavo Canizares Name of Person Power Plus Services, LLC Firm/Company 1311 SW 92nd Ave Address Miami, FL 33174 Gity/State and Zip Code guscani0222@gmail.com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: D Canizares 305 Name of Person Area Code Daytime Telephone Nu d is a check for the following amount: 00 Filing Fee \$30.00 Filing Fee & \$555.00 Filing Fee & \$60.00 Cert (additional copy is enclosed)			
		Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Gustavo Canizares Name of Person Power Plus Services, LLC Firm/Company 1311 SW 92nd Ave Address Miami, FL 33174 City/State and Zip Code guscani0222@gmail.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: zares Name of Person Area Code Daytime Telephone Nur check for the following amount: ling Fee \$30.00 Filing Fee & Certified Copy Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (Certified Copy (Certified Copy) (additional copy is enclosed)		
		E-mail address: (to be used for future annual report r	notification)
For furt	her information e	oncerning this matter, please co	all:	
Gustavo	o Canizares			
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclose	d is a check for th	he following amount:		
□ \$ 25	.00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COU	FRIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our la Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability L18000203297 Florida document number	Company were filed on	8 and assign	ied
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lic	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADD	PRESS)	8	VIS:
The purific dualess most profit official mos			70
		2	
Enter new mailing address, if applicable:		To the state of th	
(Mailing address MAY BE A POST OFFICE BOX)		7	
Mulang address MAT BEATOST OF THE FOX		56	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of	the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	g address	
	City	, Florida Zip Code	<u>-</u>

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> Osmani Esquijarosa	Address 1017 SW 150th Pl, Miami, FL	Type of Action
VP		33194	_ ■ Add
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ote: If the date inserted in thi	must be specific and cannot be prior to o	(optiona date of tiling or more than 90 days after filing te statutory filing requirements, this da	ng.) Pursuant to 6	
	yed effective date, but not a	an effective time, at 12:01 a.m	i. on the ear	rlier
09/19	2018			
ated	a for	•		
	- Company			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00