L18000203.297

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Ellat, Melle)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filip Officer
Special Instructions to Filing Officer:

Office Use Only



900319150609

18/04/18--01009--007 **25.00

1 Hickory

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of	Corporations				뜎근
	Plus Services, LLC				
SUBJECT:	Name of Lim	nited Liability Company			; } = \
					Ē
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.			>
Please return all corre	espondence concerning this matter	to the following:			<u></u>
	Gustavo Canizares				(0)
	Power Plus Services, LLC	Name of Person			
	1311 SW 92nd Ave	Firm/Company			
	Miami, FL 33174	Address			
	guscani0222@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual	report notific	eation)	
For further information	on concerning this matter, please co	all:			
Gustavo Canizares			9-9534		
Nar	ne of Person	at () Area Code	Daytime T	Telephone Number	-
Enclosed is a check for	or the following amount:				
■ \$25.00 Filing Fee	: □ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee of Certified Copy Gadditional copy is enc		☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
Reg Div	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	Registrat	tion Section of Corporati	R ADDRESS:	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number	त्र ।
his amendment is submitted to amend the following:	7
A. If amending name, enter the new name of the limited liability company here:	1
	> :
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	or the abbreviation [#L.L.C."]
Enter new principal offices address, if applicable:	<u>. ra</u>
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
maining dadress MAC DI ATOST OTT ICE DONY	
3. If amending the registered agent and/or registered office address on our records,	enter the name of th
3. If amending the registered agent and/or registered office address on our records,	enter the name of th
3. If amending the registered agent and/or registered office address on our records, egistered agent and/or the new registered office address here:	enter the name of th
B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	enter the name of the

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	Gustavo Canizares	1311 SW 92nd Ave, Miami, FL 33174	
			D Add
			Remove
		•	
MGR	Osmani Esquijarosa	1017 SW 150th PL Miami, FL 33194	Change
		33174	Add
			□ Remove
			☐ Change
			DĀdd Ti
			Remove
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
		-	☐ Remove
			☐ Change

				
				
			<u> </u>	
				145) 26
				-
				<u> </u>
				
				Type No.
			.	<u>~~</u>
				
Stanting duta if athum them the de	ot of films.		(antional)	
ffective date, if other than the data effective date is listed, the date must be total. If the date inserted in this block tocument's effective date on the Department.	e specific and cannot be prior t does not meet the applic	to date of filing or more the able statutory filing requ	(optional) in 90 days after filing.) Fairements, this date w	ursuant to 605.0207 ill not be listed as
e record specifies a delayed e The 90th day after the record		ot an effective time,	at 12:01 a.m. or	n the earlier of
September 28 lated	. 2018	- MA		
		1611111	_	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00