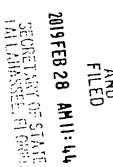
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Office Use Only



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COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	TO: Registration Sec Division of Corp		٠,	ń.,	
Please return all correspondence concerning this matter to the following: Concerning this matter to the following: Concerning this matter to the following: Participated Particip	SUBJECT: POWO	KBUY COL	71 0 0	LIC	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Company			to the following: Particular Name of Person Course Service Firm/Company Address The Sale L Address	2019FEB	
Enclosed is a check for the following amount: 2 \$25.00 Filing Fee	Name of l	recerning this matter, please can be seen to	at (205) 252 Area Code Daytime \$55.00 Filing Fee & Certified Copy	Telephone Number \$60.00 Filing Fee. Certificate of Status &	AND TLED

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Welson Delication assigned Florida document number _ _ _ _ _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the wisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ipany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 Title **Address Type of Action** Name 3070 brothers wait Meissa Pockquez ☐ Add **E** Remove ☐ Change Rich Rochiquez 748 Stonetion eir ☐ Remove ☐ Change □ Add ☐ Remove Remov □ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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record The 90t	d specifies a delayed of th day after the recor	effective d d is filed.	ate, but not	t an effectiv	e time, at 12	2:01 a.m	. on th	e ear	lier of:
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Page 3 of 3

Filing Fee: \$25.00