1190000 17358

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

fo:	Registration Sec Division of Corp		•			1
	-	POWERFUL MAY I	LLC			1
SUBJE	CT:	Name of Lim	ited Liability Company			
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		MIRIAM BREEDEN				
			Name of Person			
			Firm/Company			
		2798 CHICKERING RD				
		PENSACOLA	Address		PALLA	2019 JAN
		FL 32514	City/State and Zip Code		HASSE	AN 28
			to be used for future annual report notifi	cation)		Ţ
		oncerning this matter, please ca				
MIRIA	M BREEDEN		850 207 6105 at ()		<u> </u>	മാ
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	e following amount:				
= \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	Registra Divisio P.O. Bo	ING ADDRESS: attion Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations ater Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POWERFUL MAY LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number 119000017358	impany were filed on 05/15/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
	200
Enter new mailing address, if applicable:	ပ္သံုး ထိ
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	ered office address on our records, enter the name of the neverse here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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

MGR = Manager AMBR = Authorized Member			
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	MAYTE MOORE	2798 CHICKERING RD PENSACOLA FL 32514	
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Tective date, if other than in effective date is listed, the date ite: If the date inserted in this cument's effective date on the	must be specific and cannot block does not meet the	ne applicable statutory	(option) or more than 90 days after filing requirements, this	filling.) Pursuant t	9 605,0201 Histed as
record specifies a dela The 90th day after the		but not an effecti	ive time, at 12:01 a	.m. on the e	arlier o
ted January	22 . 9	2019			
	Miller allin				
		i am Bille d or printed name of sign			

Page 3 of 3

Filing Fee: \$25.00