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(Re	equestor's Name)	-
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
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COVER LETTER

JA SUBJECT: _	ASON AU	BREY POWE ENTERPRISE	LLC		
		Name of Lim	ited Liability Company		
The enclosed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return al	i correspo	ndence concerning this matter	to the following:		
		JASON A, POWE			
			Name of Person		
		JASON AUBREY POWE	ENTERPRISE LLC		
	Firm/Company				
		26 LAURIE DR NE			
		Address			
		FORT WALTON BEACH	I, FL 32548		
		JASONPOWE1488@GMA	City/State and Zip Code		
		_	to be used for future annual report notif	ication)	
For further info	rmation co	oncerning this matter, please ca	all:		
JASON POWE	3		850 598-8770		
	Name of	Person		: Telephone Number	
Enclosed is a ct	neck for th	e following amount:			
■ \$25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

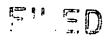
Registration Section Division of Corporations

TO:

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



2019 MAY 30 PM 4: 21

JASON AUBREY POWE ENTERPRISE LLC

(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 02/26/2019 _____ and assigned Florida document number L19000055231 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
MGR	JASON A. POWE	26 LAURIE DR NE	X Add
		FORT WALTON BEACH, FL 32548	☐ Remove
			Change
			Add
			☐ Remove
			Change
			
			□ Remove
			□ Change
			Add
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			Change

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ote:	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to effective date on the Department of State's records.
ocam	to effective date on the freparament of state's feedfus.
e rec	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	Oth day after the record is filed.
	1 2019.
ated_	
ated _	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00