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EX 35/24

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	POWER	RMAX USA LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
		ISMAEL GARCIA				
		Name of Person	··			
		POWERMAX USA LLC				
		Firm Company				
7525 NW 74TH AVE.						
Address						
	MIAMI, FL 33166					
		City/State and Zip Code				
	POV	VERMAXUSA1@GMAIL.COM				
	E-mail address; (to be used for future annual report not	ification)			
For further information e	oncerning this matter, please c	all:				
ISMAE	L GARCIA	786 416-5757	,			
Name o	Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing 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 S Division of C P.O. Box 632	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of	rporations Tallahassee			
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POWI	ERMAX USA LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appear imited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Cor	npany were filed on	05/21/2019	and assigned
Florida document numberL19000139315			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	d liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
Principal office address MUST BE A STREET ADDRE	SS)		
			<u>t (a i</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			TE: 15
			
B. If amending the registered agent and/or registered on a second content of the new registered office address here:	office address on our re	ecords, <u>enter the na</u>	ume of the new regis
Name of New Registered Agent:		<u>.</u> .	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Enter Flor	ida street address	
		, Florida _	* 1 *
	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

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>	Name	Address	Type of Action
MGR	LOPEZ, ALBERTO P.	7525 NW 74 AVE	' ≡ Add
		MIAMI. FL 33166	□Remove
			□Change
			□Add
			□Remove
			Change
			
			□Remove
			☐ Change
			□Remove
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			[]Remove
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ffective dat	e, if other than the date o	f filing:			(optional)	
an effective da lote: If the d	e, if other than the date of the is listed, the date must be spec- ate inserted in this block doe	ific and cannot be p	prior to date of til plicable statute	ing or more than 90 dary filing requireme	ays after filing.) Pur	suant to 605.02 not be listed
	Tective date on the Departme			.,		
record specit Lis filed.	fies a delayed effective date.	out not an effectiv	ve time, at 12:0	I a.m. on the earlie	er of: (b) The 90	th day after th
		2024				
ated	AUGUST 20	<u>2024</u>	·			
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		Con the second	<u> </u>	kiel		

Filing Fee: \$25.00