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R. WHITE
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Powerfol Hanagement IIC.  Name of Limited Limitity Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Valeria Schratzman  Name of Person  A ( ) A ( ) A ( )	$\Im$
Low office of Valeius Schvartzman 12530 Bescarge Blud Soute 406	٦
12530 Bescarge Blud Soute 406	
North Mumi 71 33181 City/State and Zip Code	
E-mail address: (to be used for future annual report not foat on)	
For further information concerning this matter, please call:	
Danielle Texerc at 305 9740 114  Name of Person Area Code Daytic & Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee	

### MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tollahassee, FL 32314

# ${\bf STREET/COURTEFADDRESS:}$

Registration Section Division of Corperations Clifton Building 2661 Executive Conter Circle Tallahassee, FI 313 H

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

()F The Articles of Organization for this Limited Liability Company were filed on \_ 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 "L.L.C." 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 <u>BOX</u>) 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 Floriaa - treet address

#### 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, <u>enter the title, name\_ind address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Barraidel, Stimuel	3500 Cardinal Point	<u>b</u> □ Add
		3500 Cardinal Point Suite 2 Jacksonville	□ Remove
		干1 32757	
			□ Remove
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Filing Fee: \$25.00