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SUBJEC		'ER KENDALL LLC			•	•
SOBJEX	JI	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
	•	LUIS R. SMITH	, and the second			
Name of Person TAXES USA LLC Firm/Company					_	
					_	
		5892 STIRLING RD # 4	TIRLING RD # 4			
		Address				
		HOLLYWOOD, FL 33021 City/State and Zip Code INFO@TAXESUSAMIAMI.COM				
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	E-mail address: (to be used for future annual report notification)					SES T
For furth	ner information c	oncerning this matter, please c	all:			= ;
LUIS R	. SMITH		305 470-2429		enti entit (Tios	
	Name o	f Person		: Telephone Number	17.55 17.11): 56
Enclosed	d is a check for th	he following amount:				
≅ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Stat	tus &
	Mailina Addres	···	Street Address			

Mailing Address:

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

Street Address:
Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUREPOWER KENDALL LLC

(<u>Name of the Limited Liabili</u> (A Flonda	ty Company as it now appears on our records. Limited Liability Company)	i	
The Articles of Organization for this Limited Liability C	Company were filed on 10/16/2019	and assigned	
Florida document number L19000260440			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:		
	<u> </u>	· · · · · ·	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation L.C."	
Enter new principal offices address, if applicable:		二百 中	
(Principal office address MUST BE A STREET ADDR	VESS)		
		30 ≥ 11	
		5 mil	
Enter new mailing address, if applicable:		FA 56	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, enter the	ie name of the new registere	
New Registered Office Address:	Enter Florida street address		
	Emer Pioriau Street aduress		
	, Flor	ida	
New Registered Agent's Signature, if changing Registered	·	1-p 5000	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence to the obligations of my position as registered agent being filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this capacity. I furt omplete performance of my duties, and gent as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is	
•	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	JENNIFER E. BLANCO OLMOS	12338 SW 127TH AVE MIAMI, FL 33186	\ Add
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	· ————		
			□Remove
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