

L20000061665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

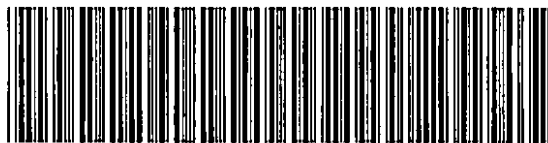
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800350494798

08/17/20--01014--015 **25.00

2020.08.17 AM 10:30

Amend
Name change

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DJDRE Thee Witch Doctor
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following

Alexandria Wallace
Name of Person

Firm/Company

18271 NW 16TH ST
Address

Pembroke Pines FL 33029
City/State and Zip Code

theewitchdoctor@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandria Wallace at (954) 770 6482
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

OJORE Thee Witch Doctor 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 02.22.2020 and assigned
Florida document number L20000061665

This amendment is submitted to amend the following

A. If amending name, enter the new name of the limited liability company here:

The Power of OJORE LLC

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)

40 NW 42nd Terrace

Plantation FL, 33317

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

40 NW 42nd Terrace

Plantation FL 33317

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

Ronald Charles

New Registered Office Address:

40 NW 42nd Terrace

Enter Florida street address

Plantation

City

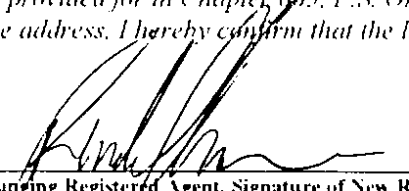
Florida

33317

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|---------------------|--|
| AMBR | Alexandria Wallace | 1175 NW 135th St | <input type="checkbox"/> Add |
| | | N. Miami FL 33168 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| CEO | Renald Charles | 40 NW 42nd Terrace | <input type="checkbox"/> Add |
| | | Plantation FL 33317 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Remove Alexandria Wallace 1175 NW 135th ST
Miami FL 33168 and add Renald Charles as the
sole proprietor of The Power of DJORELLC.

E. Effective date, if other than the date of filing: 06.10.2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 10th 2020



Signature of a member or authorized representative of a member

Alexandria Wallace

Typed or printed name of signee

Filing Fee: \$25.00