

LZO 000084414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

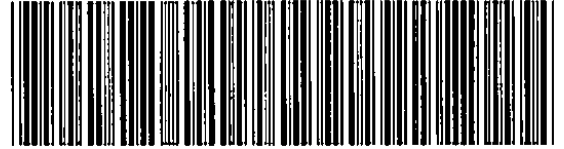
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100346841581

08/15/20--01017--025 ♦♦EC

2020 AUG 15 11:10:10

RECEIVED
AUG 15 2020

**TO: Registration Section
Division of Corporations**

SUBJECT: Power Content Distribution Network
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:

jvon Thomas

Name of Person

POWER CDN

Firm/Company

4801 Nw 55th Drive

Address

Coconut Creek, FL 33073

City/State and Zip Code

4millworld@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Thomas

786

553-0636

at ()

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

TO
ARTICLES OF ORGANIZATION
OF

2020 25 11:10:10

Power Content Distribution Network 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 03/18/20 and as
Florida document number 120000084414.

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."

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 agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

4501 NW 55 DR
Enter Florida street address

COCONUT CREEK, Florida 33073
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type o</u>
MGR	Jvon Thomas	4801 nw 55th drive Coconut Creek Fl, 33073	<input type="checkbox"/> Ad
			<input type="checkbox"/> Re
			<input checked="" type="checkbox"/> Ch
AMBR	Teresa Thomas	7030 Nw 169th terr hialeah, Fl 33015	<input checked="" type="checkbox"/> Ad
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
AMBR	Quasan Browne	5440 N Miami Ave Apt 1 Miami, Fl 33127	<input checked="" type="checkbox"/> Ad
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
AMBR	Andrea Leveroni	4801 nw 55th drive Coconut Creek Fl, 33073	<input checked="" type="checkbox"/> Ad
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch

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

change jvon thomas position for CEO to MGR

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and some minor discoloration or shadows, suggesting it might be a scan of a physical document. There is no handwriting or other markings on the page.

E. Effective date, if other than the date of filing: 6/11/20 (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 60

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 record is filed.

Dated 06/11/2020

Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

J'von Thomas

Typed or printed name of signee