L200008414

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
∋∄ Copies	_ Certificates	of Status
cal Instructions to	Filing Officer:	
	J. HO	RNE
	JAN - 4	2023
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Office Use Only



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2023 JA 1-4 PH 3: 58

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pauer Content Distribution Network LLC
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:
Manrice Harris
Name of Person
Clear Diamand Capital LLC
• •
1862 NW 384 ave.
Division of Corporations T: Pauer Ontent Distribution betwork LLC Name of Limited Liability Company Seed Articles of Amendment and fee(s) are submitted for filling. Seed Articles of Amendment and fee(s) are submitted for filling. Seed Articles of Amendment and fee(s) are submitted for filling. Seed Articles of Amendment and fee(s) are submitted for filling. Seed Articles of Amendment and fee(s) are submitted for filling. Seed Articles of Amendment and fee(s) are submitted for filling. Seed Articles of Amendment and fee(s) are submitted for filling. Seed Articles of Person Clear Dismond Capital LLC Firm/Company Seed Address Fort Lawardale, Florida 33311 City/State and Zip Code Wannice Harris See City/State and Zip Code Wannice Harris See used for future annual report notification) Firmal induress: (to be used for future annual report notification) Firmal address: Name of Person Area Code Seed 33311 Area Code Daytime Telephone Number Seed 30,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Po. Box 6327 Tallahassee, FL 32314 Seed Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
4-11 007 1731
Name of Person Area Code Daytime Telephone Number
Name of Felson
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Power Content	+ Distribution Network	LLC
(Name of the Limited Liabil	lity Company as it now appears on our records da Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability (Florida document number <u>L-20000 84414</u>		LOZO and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	2023 JJ SECRITALLA
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		ु
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		orida
	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 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>	Type of Action
AMBR	Andrea Leveroni	4801 NW 55th Drive F1.	□ Add
		33073	Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
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Effective date, if other than the diffan effective date is listed, the date must be	ate of filing:		(optional)	
If an effective data is listed, the date must b Note: If the date inserted in this bloc	se specific and cannot be prior ik does not meet the applic	to date of films or mers the able statutory films req	an 90 days aner i ling i Pürsia uirements, tiits date witi ne	ario 1990. Abelisted
document's effective date on the Dep	artment of State's records	-		
e record specifies a delayed effective order is filed.	date, but not an effective t	ime, at 12:01 a.m. on th	e earther of: (p) The Som	day aner ir
ad is med.				
Dated December 25	2022			
11/	-			
6. Por 12		norized representative of a		

Filing Fee: \$25.00