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COVER LETTER

TO: Registration So Division of Cor						
Viraguard	Systems, LLC					
SUBJECT:						
	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Barry C Powers					
		Name of Person				
	Power On Enterprise, LLC					
		Firm/Company				
	3935 DORAL DRIVE, Ta	mpa, FL 33634				
		Address				
	Tampa, FL 33634					
	bcp100@gmail.com	City/State and Zip Code				
	E-mail address: (to be used for future annual report notif	ication)			
For further information of	oncerning this matter, please c	all:				
Barry Powers		813 763-8649				
		at ()				
Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address		Street Address:	tion			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 632		The Centre of Tallahassee				
Tallahassee, 1	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Viraguard Systems, LLC		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000211755	were filed on and a	ssigned
and assigned brida document number L20000211755 If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC." Iter new principal offices address, if applicable: Inclinical office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Inclinical office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Inclinical office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Inclinical office address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered		
A. If amending name, enter the new name of the limited liabi	and assigned collowing: e of the limited liability company here: le words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." collicable: EET ADDRESS) FEBOX) Tregistered office address on our records, enter the name of the new registered	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	10 mg/11	202
(Principal office address MUST BE A STREET ADDRESS)		
	————————————————————————————————————	
	<u> </u>	
Enter new mailing address, if applicable:		7-4
(Mailing address MAY BE A POST OFFICE BOX)	able: OFFICE BOX) and/or registered office address on our records, enter the name of the new registered ce address here:	
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the n</u>	ew registered
Name of New Registered Agent:		
New Registered Office Address:		
New Neglacred Office Address.	Enter Florida street address	
	City Zip Code	e —
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar wo provided for in Chapter 605, F.S. Or, if this doc	rith and cument 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
MGRM	Power On Enterprise, LLC	3935 Doral Drive	
		Tampa, FL 33634	_
			□Remove
			= Change
MGRM	Matthew King	11072 Lynn Lake Cir	
	<u> </u>		□Add
		Tampa, FL 33625	
			□Remove
			⊒ Chamas
MGRM	Ananth Ganesan	202 S Parker St Unit 252	Change
			□Add
		Tampa, FL 33607	
			Remove
			2020ange
			Change
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Fective date, if other than the merfective date is listed, the date mo ote: If the date inserted in this b	ist be specific a	nd cannot be prio	r to date of filing	or more than 90	days after t	iling.) Pun	suant to 6	05,020
ocument's effective date on the I				mig require	nema, ma	date will	not the to	Sicu a
record specifies a delayed effecti is filed.	ve date, but n	ot an effective t	ime, at 12:01 :	a.m. on the ear	tier of: (b)	The 90t	h day af	ler the
July 28 ated		2020						
Barry Powe	4	_	1, 1					

Filing Fee: \$25.00