L20000230695

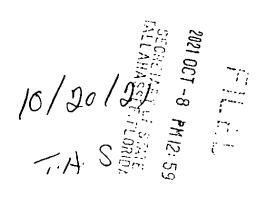
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	:#)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Co		,	6 -	
clinic		S POWELL LLC			
SUBJEC	61; <u></u>	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	cturn all correspo	ondence concerning this matter	to the following:		
		Acey Powell			
			Name of Person	•	
			Firm/Company		
		1801 E Hayes Street			
			Address	***************************************	
		Pensacola/ Florida 32503			
			City/State and Zip Code		
		powerinpowell7@gmail.com	Address ensacola/ Florida 32503 City/State and Zip Code		
For furth	er information o	·		ottification)	
Acey Po			850 8229022		
		of Person	at (')	ime Telephone Number	
			·	·	
Enclosed	l is a check for t	he 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 Addre Registration		Street Address: Registration S	Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee			
	P.O. Box 631 Tallahassee.			roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{L20000230695}{L20000230695}$	08/03/2020 and assigned
This amendment is submitted to amend the following:	
lorida document number L20000230695 This amendment is submitted to amend the following: 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 "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing 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 o	
The new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2 65
	58 8 11
Enter new mailing address, if annicables	22 1
	# T
Mudding uddress WAT BE A FOST OFFICE BOA	
	
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	Öri 😉
Name of New Registered Agent:	
New Registered Office Address:	
	Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

POWER IN POWELL LLC.

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Alison Powell	1801 E Hayes Street	□Add
		Pensacola, Florida 32503	■ Remove
		 	□Change
AMBR	Auston Powell	1801 E Hayes Street	
		Pensacola, Florida 32503	Remove
			□Change
			ZIZI IDA da TI
			Remove T
			Remove
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ective date, if other than th	ne date of filing:	10/5/2021		(on	tional)	
ective date, if other than the effective date is listed, the date in this ument's effective date on the	block does not me Department of St	et the applicabl te's records.	e statutory filing	; requirements, t	his date will no	it be listed a
cord specifies a delayed effect stiled.	ive date, but not a	n effective time	, ac 12:04 a.m. c	n the earlier of:	(b) The 90th (day after the
ed October 5		2021				
	 Ac.	us Pow	yll			
	Signature of a me	mber or authorize	ed representative	of a member		

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