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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: K. Jahs Ciesa Power
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:
Micole Ducilstus Name of Person K. The Cice of Downer
Firm/Company
GUT SW 15 Street Myl 401
PomPanu Beach 33060 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
\$2 \$25.00 Filing Fee \$\Bigsquare \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)} \$2 \$25.00 Filing Fee \$\Bigsquare \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$3 \$25.00 Filing Fee \$\Bigsquare \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$3 \$25.00 Filing Fee \$\Bigsquare \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$4 \$3 \$25.00 Filing Fee \$\Bigsquare \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$4 \$3 \$25.00 Filing Fee \$\Bigsquare \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$

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

	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000</u> 283627	were filed on 6 5ALS Creen and assigned	r
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Eiabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Pompono Beach 33060	- - 7 (10
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regis</u>	tered
Name of New Registered Agent:		→
New Registered Office Address:	Enter Florida street address 270 SE	- 7
	City Zip Code S	
New Registered Agent's Signature, if changing Registered Agent:	3. 	*17

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply will 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 dominent 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>Ad</u>	<u>dress</u>	Type of Action
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n effective date is listed, the da ote: If the date inserted in to cument's effective date on	his block does not r	meet the applicable	ate of filing or more than 90 d statutory filing requireme	ays after filing.) Purs ents, this date will i	not be listed a
cument serieure date on	the Department of .	mare s records.			
ecord specifies a delayed ef	fective date, but no	t an effective time,	at 12:01 a.m. on the earlie	er of: (b) The 90tl	h day after the
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ted <u>09/18/20</u>	20				
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	Signature of a	,	d representative of a member	 	

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

Filing Fee: \$25.00