## 120000313487

(F	Requestor's Name)
(A	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	ļ
:	

Office Use Only



400354387674

11/02/20--01033--016 \*\*60.00

FILED 2020 NOV -2 PH 2: 18

12/10/20

## **COVER LETTER**

LLC

TO: Registration Section Division of Corporations
SUBJECT: POWERHOUSE COMMUNICATIONS 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:
JOHN DENNES FREDENBURG Name of Person
POUERHOUSE COMMUNECATEONS LLC Firm/Company
P.O. Box 563
WELLBORN FL 32094 City/State and Zip Code
E-mayl address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOHN D FRIZU = NBURG at (336) 829-6245  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POWERHOUSE COMMUNI	ECATEONS LLC  ny as it now appears on our records.)
(A Florida Limited L	Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on October 05, 2020 and assigned
Florida document number <u>L 20000313487</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
	202
The new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	10449 NW LAKE JEFFFEY RD
(Principal office address MUST BE A STREET ADDRESS)	WELLBORN FL, 32094 N M
Jostery was spelled	<u></u>
(Principal office address MUST BE A STREET ADDRESS)  Jo Stery was spelled incollectly before	2:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
<del>/-</del>	, Florida City Zsp Code
New Registered Agent's Signature, if changing Registered Agent:	

New Registered Agent's Signature, it 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>	Address	Type of Action
			□Add
	\		□Remove
			□Change
	<del></del>		□ Add
			□ Add  2020 Remove  □ Y - 2 Change
			<u>::</u> <u>1</u> 22 Add
			<b>∞</b> □Remove
			□Change
			□Add
			□ Remove
			□Change
			Remove
			□Change
		<del></del>	Remove
			Change

Change	from	Janua	4 01, 70	771		
<u>Chonge</u>	to		BEE 02,			
						2021
						NO T
-						-2 PH
					·	72:
						<del>- 0</del>
effective date is listed, the e: If the date inserted in	date must be speci n this block does	ific and cannot be prions not meet the appli-	r to date of filing or cable statutory fili	more than 90 da	ys after filing.) Pu	
ective date, if other the effective date is listed, the e: If the date inserted in ument's effective date cord specifies a delayed is filed.	date must be speci n this block does on the Departmen	ific and cannot be prions not meet the applient of State's records	r to date of filing or cable statutory fili i.	more than 90 da ng requiremet	ys after filing.) Po nts, this date wil	l not be listed

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

Filing Fee: \$25.00