

h21000015984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

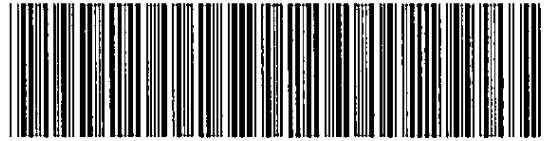
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[Signature]



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07/18/22--01017--019 **25.00

2021 OCT 14 PM 12:47
DIVISION OF CORPORATIONS
STATE OF NEW YORK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAIN 2 POWER 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:

Raymond W. Small Jr.

Name of Person

PAIN 2 POWER LLC

Firm/Company

9015 9th Avenue

Address

Jacksonville, Florida

City/State and Zip Code

smallville6986@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond W. Small Jr.

904 418-4549

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

22 OCT 14 PM 12:48

RECEIVED
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2022

RAYMOND W. SMALL JR.
9015 9TH AVENUE
JACKSONVILLE, FL 32208

SUBJECT: PAIN 2 POWER LLC
Ref. Number: L21000015984

22 OCT 14 PM 12:48
Division of Corporations

We have received your document for PAIN 2 POWER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 022A00021796

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RECEIVED
OCT 14 2022

PAIN 2 POWER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/29/2022 and assigned
Florida document number 1.21000015984.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PAIN 2 POWER EMPIRE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6271 St. Augustine Rd Ste 24-1574

Jacksonville, FL, 32217

22 OCT 14 PM 12:48
DIVISION OF CORPORATION

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Registered Agents Inc.

New Registered Office Address:

7901 4th St N STE 300

Enter Florida street address

St. Petersburg

Florida

33702

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 Changing Registered Agent, Signature of New Registered Agent

7. 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

22 OCT 14 PM 12:18
DIVISION OF CONSUMER PROTECTION
STATE OF CONNECTICUT

22 OCT 14 PM12:48

22 OCT 14 PM12:48

THE FIRST OF JANUARY
1941

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

10/11/22

Signature of a member or authorized representative of a member

Raymond W. Small Jr.

Typed or printed name of signee

Filing Fee: \$25.00