## 1210000 44142

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

Office Use Only

S.C. 05/64/2021



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## **COVER LETTER**

TO: Registration Se Division of Con			
ave was	Powe	er Green, LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Allena L Graaf	
		Name of Person	
		NIA	
		Firm/Company	
		4603 SW 127TH TER	
		Address	
		MIRMAR FL, 33027	
		City/State and Zip Code	
		allenagraaf@gmail.com	
	E-mail address:	to be used for future annual repo	ort notification)
For further information of	concerning this matter, please c	all:	
Allena	L Graaf	305	467 - 6532
Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	(additional copy is enclosed)
Mailing Address Registration of C P.O. Box 632	Section Corporations	Division of	on Section of Corporations
Tallahassee,		2415 N. M	Monroe Street, Suite 810.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Power Green	, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it new appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000044142	were filed on January 25, 2021 and assigned
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 Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2114 N FLAMINGO ROAD
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 33028
Enter new mailing address, if applicable:	4603 SW 127TH TER
(Mailing address MAY BE A POST OFFICE BOX)	MIRAMAR, FL 33027
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	A (/A
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr 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 with and provided for in Chapter 605, F.S. Or, if this document is
	NA
If Char	nging 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>	Name	Address T	ype of Action
		A/A	□Add
			Remove
			☐ Change
			□Add
			Remove
			□Change
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			2021
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fective date, if other than the date of an effective date is listed, the date must be specif	fic and cannot be prior to date of fi	ling or more than 90 days	optional) — after filing.) Pursuant to 605.0
ote: If the date inserted in this block does ocument's effective date on the Departmen	not meet the applicable statut at of State's records.	ory filing requirements	, this date will not be listed
record specifies a delayed effective date, but is filed.	ut not an effective time, at 12:	01 a.m. on the earlier o	f: (b) The 90th day after
is med.			
March 12	2021	,	
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	e of a member or authorized repre	sentative of a member	
Signature	e or a member or aumorized repre	Striggart of a member	

Filing Fee: \$25.00