## L21000057403

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor			
CLID IV.CT.	Paw Trank	Rentals LLC	
SUBJECT:		ed Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Michael  Paw Tro	Tado He Name of Person	FILED
		Firm/Company	_
	1440 NE	142nd St Address	9. 06 9. 06
	Miami F Pawtrojkky E-mail address: (10	City/State and Zip Code  ent o Gmall (Code be used for futural annual report note)	nC fication)
For further information c	oncerning this matter, please cal	l:	
Michael Name o	Tado He f Person	at ( <u>784</u> ) <u>656</u> Area Code Daytim	- 93 3 Co e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Co	
P.O. Box 632		The Centre of 1	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

How Track Rent	nls LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appea nited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Complete Florida document number L210000 57403	pany were filed on	02/02/21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :	
POW Track LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the o	Jesignation "LLC" or th	ne abbreviation "L.1C."
Enter new principal offices address, if applicable:	-		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRES	<u></u>		172
		- <u></u>	
			5 F
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			00
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our i	records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		<del></del>	<del></del>
	t.nter t lo	rida street address	
		, Florida	
	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 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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an effecti <u>ote:</u> If i	date, if other than the da we date is listed, the date must be the date inserted in this block is effective date on the Depa	e specific and canno c does not meet th	ne applicable sta			
ecord s is filed.	xecifies a delayed effective d	ate, but not an eff	fective time, at	12:01 a.m. on the e	arlier of: (b) Th	e 90th day after the
	05/30/22					
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