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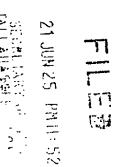
(Requestor's Name)
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in With

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Powers Real	Estate LLC	,		
<u></u>	Name of Lin	mited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	<u></u>	Danish Alidino Name of Person			
		Name of Person			
	<u> </u>	ser Real Estate Firm/Company	UC.		
	11410 Roj	Oglo Ln Address			
	Winderme	re FL 34786 City/State and Zip Code			
		(to be used for future annual report notifi			
	E-mail address:	(to be used for future annual report notifi	cation)	2 2 2	
For further information	concerning this matter, please	call:		JUh 1371 1411	Ţ
	in Alidino	m (771) 297	-0119		
Name	of Person	Area Code Daytime	Telephone Number	21 JUN 25 PH II: 52 SEORE IAND OF SEATS LLI AHASSED FOR SEATS	TI Co
Enclosed is a check for (the following amount:			52	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate Certified Co (additional co)	of Status &	

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

Powers Real Estate LLC	
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on Feb of Florida document number <u>L21000 92741</u> .	24th 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
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)	
	<u>.</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	ER E TI
B. If amending the registered agent and/or registered office address on our records, a	enter the name of the new registere
agent and/or the new registered office address here:	Arry and
Name of New Registered Agent:	
Name Development (NGC on Addrson)	i in the second
New Registered Office Address: Enter Florida street of	uddress
	. Florida
City:	, FIOTICIA 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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lote: If the date ins	ther than the date of sted, the date must be spec- serted in this block does the date on the Department	es not meet the a	ipplicable statuto	ing or more than 90 or ry filing requirem	(optional days after filing ents, this date) g.) Pursuar	nt to 605.020
record specifies a d l is filed.	delayed effective date, l	but not an effect	tive time, at 12:0	l a.m. on the earli	erof:(b) T	he 90th d	lay after th
ated June	22 nd	<u> 201</u>	21				
	7.1	1111- 6	/				
	Signatu	re of a member of	authorized repres	entative of a membe	r		

Filing Fee: \$25.00