121000186658

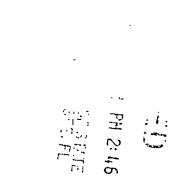
(Red	questor's Name)	-
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	curnent Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200369529742

A CONTRACTOR



COVER LETTER

TO: Registration Section

Division of Cor	porations		
	LEMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	IVAN BRAVO		
		Name of Person	
	RED SQUARE ACCOUN	TING AND TAX LLC	
		Firm/Company	· -
	6052 TURKEY LAKE RE	SUITE 144	
		Address	
	ORLANDO FL 32819		
		City/State and Zip Code	
	INFO@REDSQUARETAX E-mail address: (CCOM to be used for future annual report no	titication)
For further information c	oncerning this matter, please c		
IVAN BRAVO		407 717-8150	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	² L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEAR IMPLEMENTS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our record Liability Company)	<u>1s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 04/21/2021	and assigned
Florida document number 1.21000186658		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
CORE POWER LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1317 EDGEWATER DR	
Principal office address MUST BE A STREET ADDRESS)	SUITE 1752 ORLANDO FL.	32804
Enter new mailing address, if applicable:	1317 EDGEWATER DR	
Mailing address MAY BE A POST OFFICE BOX)	SUITE 1752 ORLANDO FL 32804	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		2 2
New Registered Office Address:		77 6
	Enter Florida street addre:	ss
	Fi	lorida
	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ACEVEDO ROJAS DARWIN E	2652 SANDY LN	□Add
		ORLANDO FL 32818	≣Remove
			□Change
AMBR IVAN BRAVO	1317 EDGEWATER DR SUITE 1752	■Add	
	ORLANDO FL 32804	□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

	······································
_	-
	<u> </u>
(If an effective date is list Note: If the date ins	ther than the date of filing:
ne record specifies a coord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JULY 06	202/
-	Signature of a member or authorized representative of a member
ACEVET	DO ROJAS, DARWIN E
	Typed or printed name of signee

Filing Fee: \$25.00