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## **COVER LETTER**

TO: Registration Se Division of Cor			
A.M. POW	ER CLEAN LLC		
SUBJECT:			
	Name of Lam	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YENNIEL SUAREZ ROÇ	NIE	
		Name of Person	<del></del>
		Firm/Company	
	5163 SOUTH PINE DR	runecompany	
		Address	
	JACKSONVILLE, FL 322	207	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	yennielsuarez2016@gmail.	com	
	E-mail address: (	to be used for future annual re	port notification)
For further information of	concerning this matter, please ca	all:	
YENNIEL SUAREZ RO	DQUE	786 7150	5406
Name (	of Person	at () Ares Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	■ \$60.00 Filing Fee, Certificate of Status &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENTE BEAUTIFE TO ARTICLES OF ORGANIZATION AT MIT THE TOTAL TO THE TOTAL TOTAL

A.M. POWER CLEAN 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  $\frac{05/24/2021}{2000}$ and assigned Florida document number 1.21000241788 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AM POWER CONSTRUCTION & REPAIR, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address: Enter Florida street address \_\_, Florida \_\_\_

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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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		03/01/2023	=		
Effective date, if other If an effective date is listed, the Note: If the date inserted.	he date must be speci I in this block does	fic and cannot be prion not meet the application	r to date of filing or cable statutory file	option (option of the control of the	filing.) Pursuant to 605.020
document's effective date	on the Departmen	nt of State's records	5.		
e record specifies a delaye rd is filed.	ed effective date, by	ut not an effective t	ime, at 12:01 a.m	, on the earlier of: (b	) The 90th day after the
MARCH 1ST		2022			
Dated			·		
		N/M			
	Signature	of a member or auth	orized representativ	e of a member	
Anxieta et	Signatule JAREZ ROQUE	60 a member or auth	orized representativ	re of a member	

Filing Fee: \$25.00