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COVER LETTER

Registration Section

TO:

Division of Cor	porations							
SUBJECT:	P	PAWERICA LLC						
SUBJECT:	Name of Lin	nited Liability Company	 					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
		IREM U MARTINEZ						
	 	Name of Person						
		Firm/Company						
4538 KEY WOODLEY DR S								
		Address						
	JACI	KSONVILLE, FL 32218						
		City/State and Zip Code						
	_	Firm/Company 4538 KEY WOODLEY DR S Address JACKSONVILLE, FL 32218 City/State and Zip Code iremurgun91@gmail.com E-mail address: (to be used for future annual report notification) erning this matter, please call: RTINEZ at (
For further information c	oncerning this matter, please c	·	aneation)					
IREM U	MARTINEZ		1-3553					
Name o	f Person		ne Telephone Number					
Enclosed is a check for t	ne following amount:							
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy					
Mailing Addres Registration			ection					
Division of C	•	Division of Co	rporations					
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAWER	ICA LLC			
(Name of the Limited Liabilit (A Florida	y Company as it now appear Limited Liability Company)	s on our records.)		
he Articles of Organization for this Limited Liability Co	ompany were filed on	JUNE 14, 2021	and assigned	
lorida document number	·			
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :		
N/A				
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the de	signation "LLC" or the abbi	reviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A	SH	202)	
Principal office address MUST BE A STREET ADDR.	ESS)			
	 -	<u> </u>	— Lerus	
Enter new mailing address, if applicable:	N/A	SSEC.		
Mailing address MAY BE A POST OFFICE BOX)	 .	7	72	
3. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		da street address	of the new regi	
		, 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 Changing Registered Agent, Signature of New Registered Agent

H 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	Type of Action
MGR	BRYAN MARTINEZ	4538 KEY WOODLEY DR S	= Add
		JACKSONVILLE, FL 32218	□Rеточе
			
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is filed.		ciayed cire	ective date, b	Jul Hot 2	m effectiv	ve time, a	at 12:01 a	.m. on the	e earlier of	:(b)	he 90	ith day	after the
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