L21000399446

(Re	questor's Name)	
(Add	dress)	
(Ado	dress)	
,		
(CIF	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
·	•	
	cument Number)	
(50	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·	_	
1		
1		

Office Use Only



700373754517

09/28/21 -01001--038 **30.52

TALLAHASSEE, FL

021 SEP 22 PM 3: 4

PH 3:51

RECEIVED

Glass a

COVER LETTER

Division of Cor			
POWERFI	OW HEALING LLC	,	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	JEFFREY THOMAS POV	VERS	
		Name of Person	
	POWERFLOW HEALING	7 LLC	
	-	Firm/Company	
	10352 WOOD DOVE WA		
		Address	
	JACKSONVILLE, FL 322	221	
	POWERFLOWHEALING	City/State and Zip Code @GMAIL.COM	
	E-mail address: (t	o be used for future annual report notific	zation)
For further information co	oncerning this matter, please ca	ill:	
JEFFREY THOMAS PO	OWERS	904 655-0221	
Name o	î Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ue following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

POWERFLOW HEALING LLC			
(Name of the Limit	ted Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited L L21000399446 Plorida document number	•	ny were filed on	and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
N/A			
he new name must be distinguishable and contain the v	words "Limited Lia	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A 	···
<u>Principal office address MUST BE A STREE</u>	<u>ET ADDRESS)</u>		
			
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
3. If amending the registered agent and/or agent and/or the new registered office addre		e address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addre	255
		F	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>	<u>Address</u>	Type of Action
MGR	JEFFREY THOMAS POWERS	10352 WOOD DOVE WAY, JACKSONVILLE, FL 32221	≘ Add
			□Remove
			□Change
N/A 			□Add
			□Remove
			□Change
N/A			□Add
			□Remove
			□ Change
N/A 			□ Add
			□Remove
			□Change
N/A 			
			□Remove
NICA		·	□Change
N/A			🗆 Add
			□Remove
			□Change

_	
~	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
	00/0 V002 I
Effecti	09/21/2021 ve date, if other than the date of filing: (optional)
Note:	ve date, if other than the date of filing:
he record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	21, SEPETEMBER 2021
Dated	·
	1/h
	Signature of a member or authorized representative of a member JEFFREY T POWERS
	Typed or printed name of signee

E. E. C35.00