## KARCOCO 551266

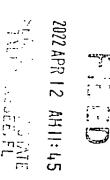
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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04/12/22--01007--007 \*\*30.00



of 5/15/2042

## **COVER LETTER**

| TO <sub>2</sub> Registration Se<br>Division of Cor |   |   |   |
|--|---|---|---|
| SUBJECT:   | House of Pa                                   | wited Liability Company   |   |
| The enclosed Articles of                           | Amendment and fee(s) are sub                  | omitted for filing.   |   |
| Please return all correspo                         | ndence concerning this matter                 | to the following:   |   |
|  | James To                                      | Name of Person  |   |
|  | 2<br>2500 W In                                | Firm/Company  Hernotion   Speculi  Address                                      | y Blvd Ste 900 +1-100   |
|  | Dayton Be<br>itroc880                         | City/State and Zip Code  One of Control  One used for future annual report noti |   |
| For further information co                         | oncerning this matter, please ca              |   | neation)  |
| Jomes Ton  | Person  | at (306) 453<br>Area Code Daytim  | 5731<br>e Telephone Number  |
| Enclosed is a check for the                        | e following amount:                           |   |   |
| □ \$25.00 Filing Fee                               | \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)             | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address Registration S                     | ection  | Street Address: Registration Sec  | etion .   |

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fig

| House of Pauls LLC   |  | 2022 APR 12 AM 11: 45                     |
|--|--|---|
| (Name of the Limited Liability Company)  The Articles of Organization for this Limited Liability Company  Florida document number 422000055266.              | were filed on                                    | TATE  TALL ARCHER, FL  2022 and assigned  |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the limited liab  Krew of Powz LLC  The new name must be distinguishable and contain the words "Limited Liabile". |  | .LC" or the abbreviation "L.L.C."         |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  | 2500 W Inter<br>Blvd Ste 900<br>Daytoria Beac    | notional Speedum,<br>#1112<br>h, FL 32114 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 2500 W Inter<br>Blvd Ste 400 #1<br>Daytona Beach | national Speedusy<br>102<br>FL 32114      |
| B. If amending the registered agent and/or registered office and and/or the new registered office address here:  | address on our records, <u>ent</u>               | er the name of the new registered         |
| Name of New Registered Agent:  | 120  |   |
| New Registered Office Address:   | Enter Florida street add                         | lress                                     |
|  |  | Florida                                   |
|  | Cuy  | 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> Fitle</u>                          | Name    | Address     | Type of Action |
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| Note:    | ive date, if other than the date of filing:   |
| the reco | rd 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 led |
| Dated    | 04/04/2022  Signature of a member or authorized representative of a member  |
|          | Journe Thomas To  |