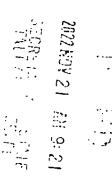
L22000073705

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POWERMAX E. LLC					
(<u>Name of the Limit</u>	t <mark>ed Liability Compa</mark> (A Florida Limited I	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited L. Iorida document number 1.22000073705		were filed on 2/14/2022		_ and assi	gned
his amendment is submitted to amend the follo					
A. If amending name, enter the new name o	f the limited liab	ility company here:			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbre	viation "L.I	C."
Enter new principal offices address, if applic	14045 SW 30ST				
Principal office address MUST BE A STREE	A41AA41 (N. 22176				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				2022 N	
) 16 1' 4b 1' 1' 1'			<u></u>	: 150 22 44	
 If amending the registered agent and/or r gent and/or the new registered office address 		address on our records, g	enter the name o	tne new	regis
			,'7; !!!}	9:2	· ,
Name of New Registered Agent:				: 2	
New Registered Office Address:	14045 SW 30S				
		Enter Florida street address			
	MIAMI		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 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
MGR	ALBERTO SOLER	8150 SW 72 Ave	≝Add
		PH #131	□Remove
		Miami, Fl 33143	□Change
AMBR	Designated Representative	ALBERTO SOLER	⊟ Add
			□Remove
			□Change
			□ Change
			Add
			□Remove
		-	Change
			🗀 Add
			□Remove
			□Change
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			□Remove
			□Change

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effective : If the	ate, if other than date is listed, the date date inserted in the effective date on t	te must be specif his block does	firing: fic and cannot t not meet the	applicable sta	f filing or more that tutory filing req	(option: an 90 days after fili uirements, this d	ing.) Pursuant to	o 605.0 e liste
ord spe filed,	cifies a delayed eff	fective date, bu	ut not an effe	ctive time, at 1	2:01 a.m. on th	e earlier of: (b)	The 90th day	aft e r
d	1/14/		20	122				
	' / /		The state of the s	<u> </u>				

Filing Fee: \$25.00