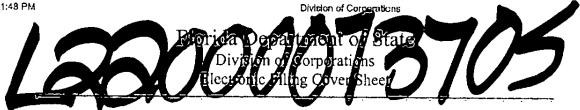
5/20/24, 1:48 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001804373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POWERMAX E GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX Help MAY 2 1 2024 ... POWERMAX E GROUP LLC:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Same of the Limi	ted Liability Compa (A Florida Limited	ny as it non appears on our liability Company)	records.)	F		
The Articles of Organization for this Limited L	iability Company	were filed on 02/14/2022	2	and assigned		
Florida document number L22000073705		-	,			
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company here:				
POWERMAX E, LLC		•				
The new name must be distinguishable and contain the v	vords "Limited Liabii	ity Company," the designatio	in "LLC" or the abbrevia	tion "L.L.C."		
Enter new principal offices address, if applic	rable:	400 SW 89 CT				
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33174				
			֥.			
Enter new mailing address, if applicable:		400 SW 89 CT				
(Muiling address MAY BE A POST OFFICE	ROY	MIAMI, FL 33174				
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a	ddress on our records,	enter the name of t	he new registered	:	
Name of New Registered Agent:	CARLOS A. G	\RCIA			. .	40
New Registered Office Address:	400 SW 89 CT				FILE	69
THE RESIDENCE OFFICE STATES.		Enter Florida street	address		-3. -0.	:
	MIAMI		_, Fiorida 33174		100 mm	;
		Citi	Zip	Code 💛	0 1-	i i
New Registered Agent's Signature, if changing I	Registered Agent:			$r_{r}^{i,i}$	至四	Ť.
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as register, accept the obligations of my position as register, being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office change.	performance of my dutt rovided for in Chapter	ies, and I am famili 605, F.S. Or. if this on that the limited	s document is liability	ED &)

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>	Name	Address	Type of Action
AMBR	AMAURY CRUZ	4044 SW 94 AVE	
		MIAMI, FL 33165	Remove
			Change
AMBR	CARLOS A. GARCIA	400 SW 89 CT	
		MIAMI, FL. 33174	□Remove
			□ Change
			☐ Remove
			Change
	<u> </u>		DAdd
			Remove
			ClChange
			🖸 Add
			□Remove
			Change
-			□ Add
			DRomove
			Change

_	
-	
-	
•	
-	
_	
_	
-	
• -	
-	
-	
-	
_	
_	
-	
-	
ote:	ive date, if other than the date of filing:
recor	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
aied	
	Signature of a member or authorized representative of a member