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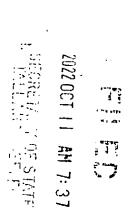
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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A. BUTLER OCT 1 4 2022

COVER LETTER

Division of Corporations .	
SUBJECT: The Power of	Thetatron LCC
Name o	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
_Adrea	Acevedo
	Name of Person
	Firm/Company
6000 k	का कि हे गर्भ कि
	Address
	Hialegh FL 33015
David bo	City/State and Zip Code Ciceno 44566 cmol. cod ress: (to be used for future anadal report notification)
For further information concerning this matter, ple	asc call:
Andrea Accused Name of Person	at (706) 470 40 19 Area Code Daytime Telephone Number
Name of Person	Area Code Daytine Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee Scentificate of Star	
Mailing Address:	Street Address:
Registration Section	Registration Section
	13

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

The Power of	Thotoglespet	U 7: 37
	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L220002053</u> 05	were filed on O	9 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(ÓCO 1)10.	1 1860 st opt 1000
(Principal office address MUST BE A STREET ADDRESS)	<u>Hialeah</u>	"7L 33015
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	H'iAleah	1965 opt 106 FC 33015
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, 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

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
M <u>GRM</u>	David Rodeiguez	6060 NW 1865T APT 1017 Hinley FL33015	PAdd
		COUCC IT MASHAIT	□Remove
			nange
MGR	"Andrea Acenes	6060 NW 1863 opt 106 Hinlan FL 33015	□Add
		HINDAN 700013	□Remove
	Audrea is not correct.		Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			🗆 Add
	•		□ Remove
			Change

	•
	-
	_
Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	ed as th
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ord is filed.	r the
Dated June 08 2022	
Qooved	
Signature of a member or authorized representative of a member	
Andrea Aceural	

Filing Fee: \$25.00

RECEIVEL

2022 OCT || PH 1:49

FLORIDA DEPARTMENT OF STATE Division of Corporations Water South

September 16, 2022

AUDREA ACEVEDO 6060 NW 186 ST APT 106 HIALEAH, FL 33015

SUBJECT: THE POWER OF METATRON LLC

Ref. Number: L22000205305

We have received your document for THE POWER OF METATRON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 722A00020727