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Office Use Only





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COVER LETTER

TO:

TO:	Registration So Division of Cor	ection porations	2	, #	
CUDI	Power Staf	fing LLC		•	
SUBJI	ECT:	Name of Lin	nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Freddy R Pujols			
			Name of Person		4 (5)
		Power Staffing LLC			
			Firm/Company		· (<u> </u>
		14114 Sanctuary Club Roa	nd Unit 204		
			Address		
		Orlando FL 32832			
		freddy.pujols20@gmail.cor	City/State and Zip Code	····	
			to be used for future annual report ne	otification)	
For fur	ther information c	oncerning this matter, please c	all:		
Freddy	R Pujols		407 690-7136		
	Name o	f Person		ime Telephone Number	
Enclos	ed is a check for th	ne following amount:			
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Power Staffing LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our r ability Company)	ecords.)	-
The Articles of Organization for this Limited Liability Company v	vere filed on June 06, 202	22 and a	issigned
Florida document number L22000258519			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		••	<u> </u>
(Principal office address MUST BE A STREET ADDR <u>ESS)</u>		(q	No.
			1
			un .
Enter new mailing address, if applicable:		•	71
			
(Mailing address MAY BE A POST OFFICE BOX)		- ا داد	<u>`</u>
	·· ·		<u>. F</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>e</u>	enter the name of the r	new registere
•			
New Registered Office Address:	Enter Florida street address		
	Florido		
	City	_, Florida Zip Coo	de

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
MGRM	Meliza E Checo	3301 Whitestone Circle Unit 101	
		Kissimmee FL 34741	■Remove
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			□Add
			□Remove
			□ Change
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		i.	· <u>**</u>
			
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Effective date, if other than t	he date of filing:	(optional)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant utory filing requirements, this date will not	to 605.0207 be listed as
record specifies a delayed effect d is filed.	tive date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th da	ıy after the
Dated	2022		
	,		

Typed or printed name of signee