

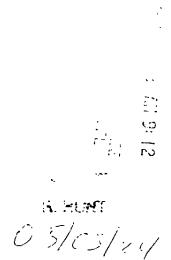
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration Se Division of Cor			
SIIDIFA		POWER LLC		
SUBJEC	. I :	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		JORGE E BELLO		
		_	Name of Person	
			Firm/Company	
			Address	•
		SARASOTA, FL 34243		2
			City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For furth	er information co	oncerning this matter, please c	all:	
JORGE	E BELLO		941 448-0154 at ()_	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number <u>L22000428380</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1605 W UNIVERSITY PARKWAY Enter new mailing address, if applicable: SUITE 203 PMB 11 (Mailing address MAY BE A POST OFFICE BOX) SARASOTA, FL 34243 1.0 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: JORGE E BELLO Name of New Registered Agent: 1605 W UNIVERSITY PARKWAY SUITE 203 PMB 11 New Registered Office Address: Enter Florida street address

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.

City

SARASOTA

If Changing Registered Agent, Signature of New Registered Agent

. Florida 34243
Zip Code

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>	<u>Address</u>	Type of Action
MGR	YELITZA N VILLARREAL	3873 59TH AVE W	∃ Add
		BRADENTON, FL 34210	☐ Remove
			Change
			□ Add
			Remove
			Change
			Remove
			☐ Change
			□ ½gq
			□ Remove
			□ Change
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change

YELITZA N VILLARREAL 409	á				
JORGE E. BELLO 60%					
ATM CINE # 90 4150172					
ADD EIN # 88-4159132					
-					
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					<u>:</u>
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ctive date, if other than the dat effective date is listed, the date must be s e: If the date inserted in this block of ament's effective date on the Depart	specific and cannot be prior does not meet the applications.			r filing.) Pur	
record specifies a delayed eff ne 90th day after the record		an effective t	me, at 12:01	a.m. on t	he earlier
ed APRIL 24	. 2024				
SAMME S					

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Filing Fee: \$25.00