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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of C			
SUBJECT:	Power Pro Elite LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Charles Frazier		
		Name of Person	
	Power Pro Elite LLC	Firm/Company	
	10806 52nd CT E		
		Address	
	Parrish, FL 34219	City/State and Zip Code	
	spartancs@protonmail E-mail address: (.com to be used for future annual report notif	fication)
For further informatio	n concerning this matter, please ca	all:	
Charles Frazier		at (941) 545-311(
Nam	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check fo	r the following amount:		
∑ \$25.00 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 Add		Street Address:	
Registratio	n Section Corporations	Registration Sec Division of Cor	
P.O. Box 6	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Power Pro Elite LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company	were filed on Octo	ber 17, 2022 ar	nd assigned
Florida document number L22000445718			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	2023
			3 11
		RETARY OF STA AHASSEE, FLOW	AY =
Enter new mailing address, if applicable:		SSE RY	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			3
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		DE A	5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our record	s, enter the name of th	e new registered
agent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet 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
AMBR/CFO	Danielle Frazier	10806 52nd CT E	□Add
		Parrish, FL 34219	Nemove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
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lote: If the date inserted in this block does	not meet the appli	icable statutory fil			
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record specifies a delayed effective date, bu	ut not an effective	time at 12:01 a.m	on the earlier of:	ቤ ነ ፒ ኬል ዐበተኩ	ay after the
is filed.	it not an encetive	time, at 12.01 a.n	i. on the carner or.	(b) The Journ	ay arter the
ated May 15		·			
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	,	ex horized representati	ve of a member		