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(Re	equestor's Name)	
(Ad	idress)	
(Ād	dress)	
(Cit	ty/State/Zip/Phone	#)
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(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:		OUSE WORKSHOPS AND C	CONSULTING LLC	
SOBJECT.		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		MARI CARMEN RODRI	GUEZ	
			Name of Person	
			Firm/Company	
		15160 SW 44TH ST		
			Address	
		MIRAMAR, FL 33027		
		City/State and Zip Code		
		POWERHOUSEWORKSH	IOPSI@GMAIL.COM to be used for future annual report	notification)
For further in	nformation c	oncerning this matter, please c		Houseasony
MARI CAR	MEN RODE	RIGUES	786 853-334	
	Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
	iling Addres gistration S		<u>Street Addres</u> Registration	
	-	orporations	•	Corporations
P.C). Box 632	7	The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POWER HOUSE WORKSHOPS AND CONSULTING	LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L23000014389	ere filed on JANUARY 6, 2023	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabilit	ty company here:	
owerHouse Workshops and Consulting LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	ပ် 	2023
	29	\frac{1}{2} \frac{1}{2} \frac{1}{2}
		H 30
nter new mailing address, if applicable:		<
Mailing address MAY BE A POST OFFICE BOX)	SE	الساغ عبد السا
	-n	S 6:
-		TF 12
. If amending the registered agent and/or registered office ado gent and/or the new registered office address here:	dress on our records, <u>enter the name</u>	of the new register
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 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
			□Add
		erece,	□ Change
			□Add
			□Remove
			□Change
			□Add
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			C.C.

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<u>Note:</u>	ive date, if other than the date of filing:
recor d is ti	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 led.
Dated	Jan St.
Dated	FC L

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Filing Fee: \$25.00