Lazonovau

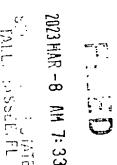
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:

P.O. Box 6327

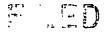
Tallahassee, FL 32314

TO: Registration S Division of Co					
	•				
SUBJECT:	2				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Power Cell Roofing LLC Name of Limited Liability Company				
Please return all corresp	Cell Roofing LLC				
	Cynthia Davies				
		Name of Person			
	CINDY'S FLORIDA LLC				
Firm/Company					
	8051 N. Tamiami Trail Su	ite E6			
	A. A	Address	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Sarasota FL 34243				
		City/State and Zip Code			
	· · · · · · · · · · · · · · · · · · ·				
		·	uton)		
For further information (concerning this matter, please c	aii:			
Cynthia Davies					
Name (of Person		elephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Addre		Street Address: Registration Section	on		
Registration Division of 0		Division of Corpo			

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

_, Florida ___

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
AR	CLOUD PEAK LAW GROUP	8051 N. TAMIAMI TRAIL STE E6	
			□Add
		SARASOTA, FL 34243	
			Remove
		1309 Coffeen Avenue STE 1200	Channe .
AMBR	Gold Rock Holdings LLC	Sheridan, Wyoming, 82801	Change
TUIDIC	CAM ICAK HAMINGS DEC	One-roun, Wyoning, V2001	= Add
			
			□Remove
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Tective date, if other than the an effective date is listed, the date mote: If the date inserted in this becoment's effective date on the listense.	plock does not meet the ap	plicable statutory fil	(option more than 90 days after fi ing requirements, this o	nal) ling.) Pursuant to 605.020 late will not be listed a
record specifies a delayed effecti is filed.	ve date, but not an effecti	ve time, at 12:01 a.m	n. on the earlier of: (b)	The 90th day after the
M	2023			
March 02				
march 02 ated	<u></u> ,	 •		
		 •		
	Cynthia	Davies		
	Cynthia Signature of a member or a	Davies authorized representati	ve of a member	