## L230002503110

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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:\_\_\_\_

Please use funds from this account: I	20210000160: \$25.00
Authorization Signature Jam	Lell-
POWER UP CONSTRUCTION LL	
BUSINESS	DOC#
Certified Copy of Articles	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	_X_Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
Other	Merger
_ CORP	Conversion
LLLP	Amended and restated Articles Statement of Correction
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Trademark	REGISTERATION/QUAENTEATIONS
Annual Report	Foreign filing
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Fictitious Name	Reinstatement
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APOSTILLE	Other
Country	<u></u> _
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:\_\_\_\_

Please use funds from this account: I20 Authorization Signature POWER UP CONSTRUCTION LLC	
BUSINESS	DOC#
Certified Copy of Articles Certificate of Status	
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit CorpNot for ProfitOfficer/DirectorLimited LiabilityDomesticationOtherCORPLLLP	X_Amendment Resignation of R.A. or member Dissolution Change of Registered Agent Revocation of Dissolution Merger Conversion Amended and restated Articles Statement of Correction
OTHER FILINGS	
	REGISTERATION/QUALIFICATIONS
Trademark Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTILLECountry	Other

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Power up Construction LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Antonio Walthour Name of Person
5842 Sundown Cir. Apt 622 Address
City/State and Zip Code  antonio walthowal Q anal. Com  E-mail address: (to be used for fublic annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

TO:

Street Address: Registration Section Division of Corporations The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



8

Power Up Construction (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000 250376</u>	were filed on $\frac{5}{22}/2023$ and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name	Take designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	5842 Sundown Cic Apt 622 Orlando FL, 32822
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5842 Sundown Cir. Apt 622 Orlando FL, 32822
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
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
AMBR	Oanyelys O. De la Casper	4745 Olive Branch Rd.	□Add
		Orlando FL, 32822	ERemove
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	F. F.		□Add
<u>.</u>	- · · · · ·		□Remove
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record specific	a delayed effective date	, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The 9	0th day after the
is filed.	-				
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	Signat	ure of a member or aut	nonzeu representati (e o	J. C.	

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