123000269682

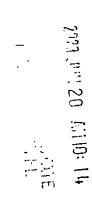
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100410814301

06/20/23--01032--003 ++25.00



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Power Pros Florida LLC					
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed .	Articles of .	Amendment and fee(s) are sub	mitted for filing.			
			•			
		Michael Riccio				
			Name of Person		-	
		Firm/Company			Address Firm/Company City/State and Zip Code iccio7878@gmail.com E-mail address: (to be used for future annual report notification) ning this matter, please call: Solid	-
		1272 SW Mancuso Ave				
			Address		-	
		Port St Lucie, Fl. 32202			(2) (4)	
			City/State and Zip Code	-		
		Mriccio7878@gmail.com			20	
		E-mail address: (to be used for future annual report notifi	ication)	entre Serve	
For further inf	formation co	oncerning this matter, please c	all:		0.	
Petet						
	Name of	l Person	Area Code Daytime	Telephone Number	r	
Enclosed is a	check for th	ne following amount:				
≡ \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certifica Certified	ite of Status & Copy	
	ing Addres istration S			ction		
Divi	ision of C	orporations	Division of Corp	oorations		
	. Box 632 ahassee, I				110	
I all	anassee, I	レフムスチャ	Z410 IN. MONTOC	: Surcet, Suite 8	HU	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Power Pros Florida LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/05/2023 and assigned Florida document number L23000269682 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent:

New Registered Agent's Signature, if changing 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Tanner Connolly	1272 SW Mancuso Ave	□Add
		Port St Lucie, Fl. 34953	≡ Remove
			□Change
		 	□Add
			□Remove
			Change
			☐ Change
			Remove
			□Remove
			□ Change
		-	
			□Remove
			□Change
			□Add
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Change

			•	
	-			
				<u> </u>
	-			
	 -			
				
				 _
	<u> </u>		 -	
	06/12/2	2023		
Effective date, if other than the If an effective date is listed, the date m	ie date of filing:		(optional)	
Note: If the date inserted in this	block does not meet the a	oplicable statutory filing require		
document's effective date on the	Department of State's rec	ords.		
e record specifies a delayed effect ord is filed.	ive date, but not an effecti	ve time, at 12:01 a.m. on the ea	rlier of: (b) The 9	
				, 12.
June 14 Dated	2023			2157 (1111 20
				20
	シ (人	L/		=
	Signature of a member or	authorized representative of a men	hber	10: 14
			Fresh a	

Typed or printed name of signee