

123000309808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

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(Business Entity Name)

(Document Number)

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10/06/23--01017--002 **25.00

2023 OCT -6 PM 1:28
SECRETARY
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POWERS AUTO 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:

BLENDI ZENELI

Name of Person

POWERS AUTO LLC

Firm/Company

9337 CUMBERLAND ISLE DR

Address

JACKSONVILLE, FL 32257

City/State and Zip Code

BZENELI@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

2023 OCT -6 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

BLENDI ZENELI

904 9623388
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

POWERS AUTO 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 06/28/2023 and assigned
Florida document number L23000309808.

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 "L.L.C."

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 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 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>	<u>Address</u>	<u>Type of Action</u>
P	BLENDI ZENELI	9337 CUMBERLAND ISLE DR	<input type="checkbox"/> Add
		JACKSONVILLE,FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BLENDI ZENELI	9337 CUMBERLAND ISLE DR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE,FL 32257	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2020 OCT 6 PM 2:29
SECRETARY'S OFFICE
TALLAHASSEE, FL

JUST CHANGING THE TITLE ONLY FROM PRESIDENT TO MGR

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 2 OCTOBER 2023

Signature of _____ member or authorized representative

BLENDI ZENELI

Typed or printed name of signee

SECRET
2023 OCT -6 PM 4:29
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-22-2013 BY 60322
UCBAW