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A. PARISHANI OCT 0 1 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Power Venting LLC Name of Limited Liability Company	
	2023
The enclosed Articles of Amendment and fee(s) are submitted for filing.	2023 SED 19
Please return all correspondence concerning this matter to the following:	
Shelly Patt Name of Person Power Verding HC Firm/Company	AH 10: 55
39100 SW Charoker Street	
City/Reate and Zip Code Sevent Very Communication E-haul address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Shelly Prott at 172 D 215 1652 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$\sum_{250.00}\$ \text{Filing Fee} \tag{ \sum_{300.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\sum_{550.00}\$ \text{Filing Fee} & Certified Copy (additional copy is enclosed)} \text{\$\sum_{600.00}\$ \text{Filing Fee}, \text{\$\sum_{600.00}\$ \text{\$\sum_{600.00}\$ \text{Filing Fee}, \text{\$\sum_{600.00}\$	
Mailing Address: Street Address:	

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

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

2023	
S. S.	
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it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number 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 Office Address: Enter Florida street address

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>	Name	<u>Address</u>	Type of Action
AMBR	Shelly Pratt	3960 Sw Cherokee S	t-Palm City KL 3499c
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fective date, if other than the date of filin	ng: (optional)
in effective date is listed, the date must be specific an	nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
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round modifies a delegard affective data but as	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
is filed.	of all effective time, at 12.01 a.m. of the earlier of (b) The your day and
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\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	a member or atthorized representative of a member

Filing Fee: \$25.00