L23000457543

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filling Officer: | |
| | | i |
| | | |
| | | |
| | | |

Office Use Only



800417137468

10.15/26--01061--007 *+68.00

CST 13 M17:44

. .

(10/2/12023

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|---|------------------------------------|--|---|--|
| | GOT POW | ER, LÊC. | • | 'A |
| eun u | | | | |
| SUBJI | ECT: | Name of Lim | ited Liability Company | |
| | | | • | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | Robert Allen | | |
| | | | Name of Person | <u> </u> |
| | | GOT POWER, LLC. | | |
| | | | Firm/Company | |
| | | 174 WATERCOLOR WAY | STE#103-509 | |
| | | · · · · · · · · · · · · · · · · · · · | Address | |
| | | SANTA ROSA BEACH, F | 1, 32459 | |
| | | TOMMY@GOTPOWERGA | City/State and Zip Code A.COM | · |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For fur | ther information o | oncerning this matter, please co | all: | |
| | RT ALLEN | 3 | 404 277.4493 | |
| | | | at () | |
| | Name o | if Person | Area Code Daytin | ne Telephone Number |
| Enclos | ed is a check for the | he following amount: | | |
| □ \$2 | 5.00 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 | | <u>Street Address:</u> Registration Se | ection |
| Registration Section Division of Corporations | | Division of Corporations | | |
| | P.O. Box 632 | - | The Centre of | - |
| | Tallahassee, 1 | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 COT 13 AN 7: 44 GOT POWER, 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 OCI 03, 2023 and assigned Florida document number L23000457543 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

_, 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 |
|--------------|-------------|---------|----------------|
| | | | □∧dd |
| | | | Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Rетоve |
| | | | □Change |

| PLEZ | SE CHANGE TO: "ROBERT T ALLEN 174 WATERCOLOR WAY STE#103-509 SANTA ROSA BEACH, FL 32459" |
|------------------------------|--|
| THX | (! |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| reffectiv <u>te:</u> If t | date, if other than the date of filing: (optional) we 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records. |
| cord sp i filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ed | October 6 Zozz |
| | October 6 2023 Signature of a member or authorized representative of a member |
| | Robert T. Allen Typed or printed name of signee |
| | Typed or printed pages of signer |