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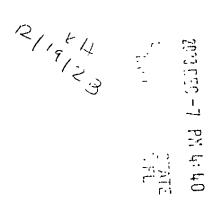
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COVER LETTER

TO:	Registration Se Division of Cor						
CUBI	n∡anja.	Powe	r in Tech, LLC				
SUBJE	SUBJECT:Name of Limited Liability Company						
The en	closed Articles of	Amendment and fec(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
			Maria M. Herrera				
			Name of Person				
			Power in Tech, LLC				
			Firm/Company		· · · ·		
			PO Box 144736				
			Address				
	Coral Gables, FL 33114						
	City/State and Zip Code						
	millieherrera@themiamigroup.com						
		E-mail address: (to be used for future annual re	port notification)			
For fur	ther information co	oncerning this matter, please c	all:				
	Maria M	. Herrera	305 at ()	972-4162			
	Name of	f Person	Area Code	Daytime Telepho	ne Number	353 8032	,
Enclose	ed is a check for th	ne following amount:					•
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is 7	atus &	

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

Power in Tech. LLC				
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) ity Company)			
The Articles of Organization for this Limited Liability Company were Florida document numberL23000512032	e filed on11/9/2023	and	l assigne	ed
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 Co	ompany," the designation "LLC" or the a	bbreviatio	n "L.L.C."	4
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)				<u> </u>
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the nan</u>	ne of the	new reg	<u>zistered</u>
Name of New Registered Agent:				
New Registered Office Address:		-	77. E	1
	Enter Florida street address		5	•
	, Florida	Zip Ci		i
New Registered Agent's Signature, if changing Registered Agent:			五	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfacept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additionary has been notified in writing of this change.	ormance of my duties, and I am ded for in Chapter 605, F.S. Or,	familiar if this a	with an locumen	id 📑

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>	Address	Type of Action
MGR	Loretta Sanchez	1624 Via Arriba, Palos Verdes Estates, CA 90274	■ Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
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			Add Remove.
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ective date, if other than to effective date is listed, the date is	he date of filing	g:		(ор	•	
n effective date is listed, the date i te: If the date inserted in this	nust be specific and block does not n	l cannot be prior t neet the applica	o date of filing or n ble statutory filir	iore than 90 days af g requirements, t	ter filing.) Rúrsuant to:60 his date will not be fis	55.0207 Sted as
cument's effective date on the			·	- •		
cord specifies a delayed effects filed.	tive date, but not	an effective tin	ie, at 12:01 a.m.	on the earlier of:	(b) The 90th day aft	ter the
November 28		2023				
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Typed or printed name of signee