

LA5000542K

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H250000531073ABCX

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : 120180000033
Phone : (305)805-3516
Fax Number : (305)887-5844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Stanis.Lumpuy@iCloud.com

RECEIVED

2025 FEB 11 PM 2:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAO POWER LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
FEB 11 PM 12:02

T. LEMIEUX
FEB 12 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAO POWER 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:

First Name: STANIS (2) Last Names: LUMPUY PADRON

Name of Person

LAO POWER LLC

Firm/Company

8230 W 16TH AVE

Address

HALEAH, FL 33014

City/State and Zip Code

STANIS.LUMPUY@ICLOUD.COM

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

For further information concerning this matter, please call:

STANIS LUMPUY PADRON

at (786) 583-7535
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

H250000531093

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

LAO 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 02-11-2025 and assigned
Florida document number L250005424.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

8230 W 16TH AVE

HIALEAH, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8230 W 16TH AVE

HIALEAH, FL 33014

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:

STANIS LUMPUY PADRON

New Registered Office Address:

8230 W 16TH AVE

Enter Florida street address

HIALEAH

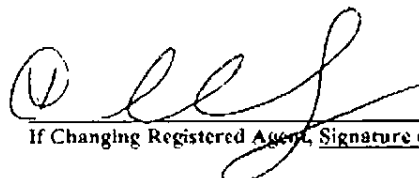
Florida 33014

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

#25000531073

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>
AMBR	STANIS LUMPUY PADRON	8230 W 16TH AVE	<input type="checkbox"/> Add
		HIALEAH, FL 33014	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: 02-11-2025 (optional)


(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEB 11 2025

EB 11

 Signature

Signature of a member or authorized representative of a member

STANIS LUMPUY PADRON

Typed or printed name of signee

H25000053/073

Filing Fee: \$25.00