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COVER LETTER

Division of Co	rporations		•	
SURJECT: Daysta	r Designs and Printin	ng, LLC		
500000		ited Liability Company)		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Sezra Gay			
		(Name of Person)		
	Daystar Designs and Pri	nting, LLC		
		(Firm/Company)		•
	1920 S.E. 50th Street			SECO SECO
	-	(Address)		FILEU NIG 22 PN 1: 28 CRETARY OF STATE LANASSEE, FLORIDA
	Gainesville, FL 32641			能。2日
	•	(City/State and Zip Code)		FST.
For further information	concerning this matter, please c	all:		28
Sezra Gay		at (352) 219-0396		
(Name	of Person)	(Area Code & Daytime T	elephone Numbe	er)
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
	. LING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:	

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Daystar Designs and Printing, LLC (Name of the Limited Liability Compa	ny as it now appears on our reco	ords.)		
(A Florida Limited I	_iability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 04/08/2004	and assigned		
Florida document number L04000026702				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Empowerment Consultants and Associates, LLC				
The new name must be distinguishable and end with the words "Lim'L.L.C."	ited Liability Company," the desig	nation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	1920 S. E. 50th Street			
(Principal office address MUST BE A STREET ADDRESS)	Gainesville, FL 32641			
	-	13		
Enter new mailing address, if applicable:	P. O. Box 141564	LLAIM F		
Mailing address MAY BE A POST OFFICE BOX)	Gainesville, FL 32614	6 2 ASS		
		mo n		
B. If amending the registered agent and/or registered of		<u>enter=the name of the neg</u>		
registered agent and/or the new registered office address her	<u>'e</u> :	28 DA		
Name of Name Designated Accordi				
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
	· · · · · · · · · · · · · · · · · · ·	orida		
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			-
			Remove
			Add
			= ,
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D. If amend	ling any other information, enter char	,	
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Filing Fee: \$25.00