## 45555000073234

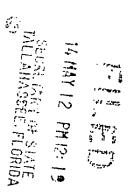
(Re	questor's Name)	
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J. SHIVERS MAY 1 9 2014

## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: Empo	wered Publish	ning, LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	John Racine		
		Name of Person	
		Firm/Company	
	5415 Lake H	lowell Road, #19	93
		Address	, <u> </u>
	Winter Park,	FL 32792	
		City/State and Zip Code	
	jracine690@aol.c	o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	·	·····,
John Racine			530
Name of		$\underbrace{\qquad \qquad }_{\text{Area Code}} 1000000000000000000000000000000000000$	Telephone Number
		•	·
Enclosed is a check for the	e 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Empowered Publishing, LLC	
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number L12000073234	were filed on 06/01/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5415 Lake Howell Road, #193
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, FL 32792
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	A PART
New Registered Office Address:	Enter Florida street address
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Om (
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John Racine	5415 Lake Howell Roa	d ■ Add
		#193	☐ Remove
		Winter Park, FL 32792	
MGR	Kathy Bashlor	P.O. BOX 91734	
		LAKELAND, FL 33803	■ Remove
			□ Add □ Remove
•			
		्	□ Add ☑_□ Remove
			MELAN 12
		الد	_ Add
			□ Add .
			□ Remove

If amending any other information, enter change(s) here: (A	Attach additional sheets, if necessary.)
•	
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed of the date this document is filed by the Florida Department of State)	(optional) late and cannot be more than 90 days after
Dated May 1 2014	
Ray Bash	
Signature of a member or authorize	d representative of a member
Dated Rayl	•

Page 3 of 3

Filing Fee: \$25.00

