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(Address)

(Address)

(City/State/Zip/Phone #)

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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empowered Publishing, 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:

John Racine

Name of Person

Firm/Company

5415 Lake Howell Road, #193

Address

Winter Park, FL 32792

City/State and Zip Code

jrachine690@aol.com

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

For further information concerning this matter, please call:

John Racine

Name of Person

at 407 702-8530

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/COURIER ADDRESS:

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

14 MAY 12 PM 2:19
SECURITY DATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	John Racine	5415 Lake Howell Road	<input checked="" type="checkbox"/> Add
		#193	<input type="checkbox"/> Remove
		Winter Park, FL 32792	
MGR	Kathy Bashlor	P.O. BOX 91734	<input type="checkbox"/> Add
		LAKELAND, FL 33803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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MAY 12 2012
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 1, 2014



Signature of a member or authorized representative of a member

Kathy Bashlor

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA