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COVER LETTER*

TO: Registration Se Division of Co	ection rporations	,	± 5 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 €
Empower,			
SUBJECT:	Name of Limited Li	ability Company	
·			
The enclosed Articles of	Amendment and fee(s) are submitted	l for filing.	
Please return all correspo	ondence concerning this matter to the	following:	
	James Dillon		
	* *************************************	Name of Person	······································
	Empower, LLC		
		Firm/Company	
	2120 Range Road	•	
		Address	
	Clearwater, FL 33765		
	Cit	y/State and Zip Code	
	jps2ph@gmail.com		
East forther information	E-mail address: (to be to concerning this matter, please call:	ised for future annual report notifi	cation)
	oncerning this matter, prease can.		
James Stanton		at () 475-7001	Telephone Number
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Empower, LLC		
(Name of the Limited Li (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	-
The Articles of Organization for this Limited Liabili Florida document number L14000054551		and assigned
This amendment is submitted to amend the following	g:	
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 Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent: New Registered Office Address:	registered office address on our records, e	
New Registered Office Address.	Enter Florida street address	
 -	City , Florid	aZip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, and I ed agent as provided for in Chapter 605, F.S stered office address, I hereby confirm that th	am familiar with and Or, if this document is the limited liability When Registered Agent

Page 1 of 3

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	JAMES P DILLON	2120 Range Road	
		Clearwater, FL 33765	☐ Remove
			□ Change
MGR	eEvolve, Inc.	2120 Range Road	
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		-	Add
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e: If the date inserted in this block doe	es not meet the applicable statutory filing requ	irements, this date will not be listed
ument's effective date on the Departme	ent of State's records.	,
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