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SECRETARY OF STAFE DIVISION OF CORPORATIONS

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COVER`LETTER

TO: Registration Section **Division of Corporations**

EMPOWER	ENTERPRISE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CLEITON CARDOSO		
		Name of Person	
	DOMINIUM CONSULTIN	NG SERVICES LLC	
		Firm/Company	
	6965 PIAZZA GRANDE	E AVE, SUITE 206	
		Address	
	ORLANDO, FL 32835		
	INFO@DOMINIUMCS.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	all:	
ANA CLARA PIMENTA	4	407 374-2329	
		at () Area Code Daytime 1	
Name o	f Person	Area Code Daytime	Felephone Number
Enclosed is a check for the	ne 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

DocuSign Envelope ID: 7E4E8BAE-45CF-4F6B-BAFE-EC994A585BA0

ARTICLES OF AMENDMENT

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	s it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we L16000208984	re filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability Center new principal offices address, if applicable:	Company," the designation "L.L.C." or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	APR 30 AN
	U 1 ≪≟
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	# ## ### ############################
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	# ## ### ############################

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.

City

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 7E4E8BAE-45CF-4F6B-BAFE-EC994A585BA0
II amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or temoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EDUARDO A ANZALONI	13100 EAST COLONIAL DRIVE	☐ Add
		ORLANDO, FL 32826	Add
			Remove
			□ Change
		 	
			Remove
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Effective date, if other than the d	ate of filing:			(options	n.		
(If an effective date is listed, the date must be Note: If the date inserted in this block	e specific and cannot	ot be prior to date	of filing or more tha	n 90 days after fili	ng.) Pursuant t	o 605.02	.07
document's effective date on the Dep			itutory ming requ	nements, this da	ite will not be	i iistea a	as
the record specifies a delayed of the 90th day after the recor		, but not an e	effective time,	at 12:01 a.m	\cdot on the ϵ	arlier	of
APRIL, 25th	20)18					
Dated	,	•					
[(K/)(\dagger)							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00