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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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OCT 2 0 2018

S. YOUNG

SECRETARY OF STATE

NAMES OF STATE

COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT: Empaire	red <u>Investme</u> x Name of Limi	ted Liability Company		
The enclosed Articles of Ame				
	Donnette	Name of Person		
	Empowered	Investments; W.C. Firm/Company		
	III Nadh C	Address Avec Ste. 8	00	7 66
	Orlando IFL	3280 City/State and Zip Code		PI E
For further information conce	·	nciple Threat Investment to be used for future annual report notifiall:	cation)	SEE, FLOR
Donnette J Name of Per	·Snow	at (<u>865</u>)_386-5	5454 Telephone Number	RIDA
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
MAILINC Registratio	GADDRESS: n Section	STREET/COURIE Registration Section		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	S LLC	ers on our records)	
(A Florida Limited I	Ciability Company)	arson our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	V24/2018	and assigned
Florida document number <u>L1800c021563</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company l	<u>nere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			- CO - CO
			<u> </u>
			高 三 區
Enter new mailing address, if applicable:			SHOW THE
(Mailing address MAY BE A POST OFFICE BOX)			10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			<u> </u>
B. If amending the registered agent and/or registered of	ffice address o	n our records, <u>ente</u>	
registered agent and/or the new registered office address her			•
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	
	13	 _	
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		
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 p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in	of my duties, and I an Chapter 605, F.S. O	n familiar with and r, if this document is
If Cha.	nging Registered A	Agent, <u>Signature of New</u>	Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Rosalyn J. Snaw	7303 Five Oaks Way	Add
		7303 Five Oaks Way Tucker, GA 30084	Remove
			☐ Change
			□ Remove
			□ Change
			E DAM T
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(If an ef Note:	tive date, if other than the date of filing:	nt to 605.0207 (3) be listed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	e earlier of:
	October 4th	
Dated	1/0/4/2013 . 2013.	
	h	
	Signature of a-member or authorized representative of a member	
	Donnate J. Snow	
	Donate J. Snow Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00