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(Re	equestor's Name)	
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: EMPOWER YOU F	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filling.
Please return all correspondence concerning this matt	ter to the following:
Constant	
_ 3EFA	NY LEE
	Name of Person
	Firm/Company
<u> 12920 St</u>	
	Address
MIAMI, FI	1 33176
STEFFANIN	City/State and Zip Code
E-mail address	s: (to be used for future annual report notification)
For further information concerning this matter, please	2 call;
STEFFANY IFF	at 305, 455-0932
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Secretificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO AFTICLES OF ORGANIZATION OF

(Name of the Linited Liability Company as It now appears on our records.)

(A Horska Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/14/2019 and assigned

Florida document number 19000 455/08.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SEFFANY LEE LC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Enter Florida street address

## 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Aut	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			🗆 Remove
			_ Change
AMBR	PENEWPE LET	12970 SW 110 AVE, M(AM) 33170	∕2 XAdd
			Remove
			DChange
			_ □Add
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e: If the date inserted in this ument's effective date on the cord specifies a delayed effection.	e Department of State's records	i.	
e: If the date inserted in this ument's effective date on the cord specifies a delayed effect filed.	e Department of State's records	i.	
e: If the date inserted in this ument's effective date on the cord specifies a delayed effect filed.	e Department of State's records	i.	
e: If the date inserted in this ument's effective date on the cord specifies a delayed effect filed.	e Department of State's records	i.	
	e Department of State's records ctive date, but not an effective to 2024.	i.	

Filing Fee: \$25.00