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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

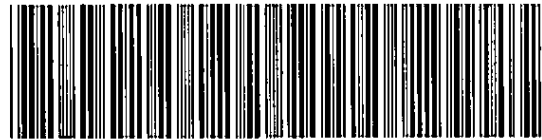
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO: \* Registration Section  
Division of Corporations**

**SUBJECT:** Empowered Health, 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:

Keven Pimentel

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1890 S. Ocean Dr, APT 602E

\_\_\_\_\_  
Address

Hallandale Beach, FL 33009

\_\_\_\_\_  
City/State and Zip Code

keven.pimentel@gmail.com

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

For further information concerning this matter, please call:

Keven Pimentel

770

733-2721

at ( )

\_\_\_\_\_  
Name of Person

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 6222

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
200 N. Duval St.

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Empowered Health, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 SEP 20 AM 11:07

The Articles of Organization for this Limited Liability Company were filed on 04/29/2019 and assigned  
Florida document number L19000116653.

This amendment is submitted to amend the following:

**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:

14365 NW 14th Ct., Pembroke Pines, FL 33028

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

14365 NW 14th Ct., Pembroke Pines, FL 33028

**(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:

Keven Pimentel

New Registered Office Address:

1890 S. Ocean Dr. Apt 602E

Enter Florida street address

Hallandale Beach

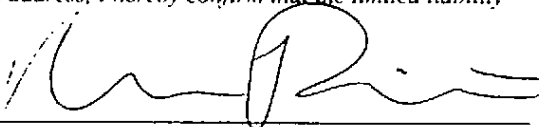
Florida 33009

City

Zip Code

**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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Xavier Robles		<input type="checkbox"/> Add
		600 SW 67TH AVE, PEMBROKE PINES, FL 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thomas Gatto	14365 NW 14th Ct., Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Karin Kallen-Kämpfer  
Signature of a member or authorized representative of a member

Typed or printed name of signee: \_\_\_\_\_