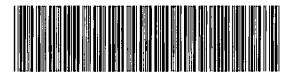
L200000 14860

(Requestor's Name)
(Address)

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(City/State/Zip/Phone #)
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(Document Number)
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Amend

JUL 28 7070 I ALBRITTON

COVER LETTER

TO: Registration Sect Division of Corpo			
subject: <u>Em</u>	XMEYED CON Name of Lim	NSUITING ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	<u>Elizabeth</u>	Name of Person	
	VZ ACCO	Serving Serving Firm/Company	ces inc.
	2700 W	Cypress Creek	CRD Suite D123
	Fort Lauc	derdale FL Z City/State and Zip Code	53309
	elizabethe E-mail address: (V20CCOUNTING Ser	rvices.com
For further information con	eerning this matter, please ca	ull:	
Elizabeth Name of P	Zamora	at (954) 598- Area Code Daytime	2994 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:		Street Addresse	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

2020."" 27 *** 7:35



2020 JU 27 AT 7: 54

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2020

ELIZABETH ZAMORA VZ ACCOUNTING SERVICES INC 2700 W. CYPRESS CREEK RD - STE, D123 FORT LAUDERDALE, FL 33309

SUBJECT: EMPOWERED CONSULTING LLC

Ref. Number: L20000014860

We have received your document for EMPOWERED CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to sign/date the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 620A00004602

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

	ORGANIZATION OF	1020 (S)
EMPOWERED CONSU (Name of the Limited Liability Comp (A Florida Limited	Dany as it now appears on our records. Thiability Company)	13 8.3g
The Articles of Organization for this Limited Liability Compan Florida document number <u>L2000014860</u> .	y were filed on 1820	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	oility Company," the designation "LLC" o	or the abbreviation "L.L.C." Apress Creek RD
(Principal office address MUST BE A STREET ADDRESS)	Suite D123 Fort Laudera	dare FL 33309
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite D123	ress Creek RD
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registered
Name of New Registered Agent: V2 A New Registered Office Address: 2700		eck RD suite23
Tart	anderdale -	22210

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>	Name	Address	Type of Action
MGR	Felipe Brito	7302 NW 39th St	□Add
		Coral Springs, FL 330	\L5□Remove
			LAChange
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Chango

-	
ffective	date, if other than the date of filing: (optional)
'an effecti <u>Vote:</u> If t	we 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
record sp I is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	3/10/20
	_ Chalts.
	Signature of a member or authorized representative of a member Elizabeth Zarncoa

Filing Fee: \$25.00