120000038436

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	: #)
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(Bu	usiness Entity Nam	ne)
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TALLAHASSEE FISIATE

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CQVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: EA	powerment	Consuting ted Liability Company	LLC
	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brandy (Name of Person	oore
	2910 Kan	y Forest PK	uv nalanz
		Address	,
	Tallahassee	FZ 32309 City/State and Zip Code	·
	E-mail address: (to be used for future annual report no	iffication)
For further information c	oncerning this matter, please ca	ill:	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration S	
Division of C P.O. Box 632	· · · · · ·	Division of Co The Centre of	•
Tallahassee.			oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co	mpany were filed on 2 -10 - 2020 and assigned
Florida document number 120000038436	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	
Empowerment Consult	ing L.L.C.
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2910 Kerry Forest Pkwy 04
(Principal office address MUST BE A STREET ADDRI	ess, Tallahassee, FL 32309 /
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2910 Kerry Forest Pkmy 04/423 Tallahassec, FL 32309
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: 291	O Ken Forest Pkwy 04/423 (Enter Florida street address)
Tal	lahassee Florida 32309 Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the amplete performance of my duties, and I am familiar with and sent as provided for in Chapter 605, F.S. Or, it is decoment is doffice address. I hereby confirm that the limited liability
	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

Type of Action Address Title <u>Name</u> Brandy Carkon-Moore MGR 2910 Kerry Forest PKNY 04/423 Remove
Tallahassee FL 32309 XChange DANIEL CARLSON-MOORE MGK 2910 Kern Forest PKWY D4/423 Tellahassee FL 32309 Change _____ Change _____ □ Change ____ Change _____ □Change

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an ef lote:	ive date, if other than the date of filing:
reco: Lis fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	Feb 18 2020
	1'halla
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member