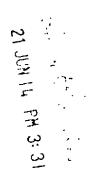
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

**Division of Corporations** 

SUBJECT:	SIONS 2 EMPOWER, LLC		
	Name of I	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	submitted for filing.	
	pondence concerning this matt		
	Sabrina Caldwell		
		Name of Person	
	DIMENSIONS 2 EMPO	WER, LLC	
		Firm/Company	
	3117 Pontiac Drive		
		Address	
	Tallahassee, FL 32301		
	dimensions2empower@gn	City/State and Zip Code	
		(to be used for future annual report no	tification)
For further information of	concerning this matter, please of	call:	
Sabrina Caldwell		229 291-7795	
Name o	of Person	at ()Area Code Daytin	ne Telephone Number
Enclosed is a check for the	oc following or annual		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	<u> </u>	
and the same of th	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address	<b>:</b>		
Registration Section		Street Address: Registration Sec	ction
Division of Corporations P.O. Box 6327		Division of Cor	Borstions

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

21 JUN 14 PH 3: 31

DIMENSIONS 2 EMPOWER, LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 120000058530	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	3117 PONTIAC DRIVE
(Principal office address MUST BE A STREET ADDRESS)	TALLAHASSEE FL 32301
Enter new mailing address, if applicable:	P.O. BOX 5021
Mailing address MAY BE A POST OFFICE BOX)	TALLAHASSEE FL 32314
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	City Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	Cay Zip Code
hereby accept the appointment as registered agent and agree	e to act in this canacity. I found

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			and the second s	
<u>Title</u>	<u>Name</u>	Address	21 JUN 14 PM 3:31	Type of Action
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	21 JUN 14 PM 3: 31
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fective date, if other than the date of filing:	(optional)
ote: If the date inserted in this block does not me	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 et the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of Sta	te's records.
record specifies a delayed effective date, but not ar is filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Nº III.	
JUNE 10	2021
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Signature of a me	mber or authorized representative of a member
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Filing Fee: \$25.00