

L21000123068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

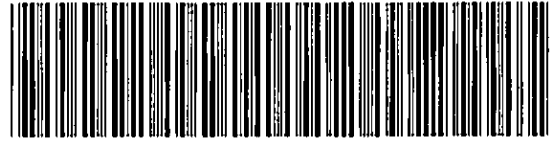
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2022 OCT 21 AM 7:40  
CLERK OF STATE  
TALLAHASSEE, FL

A. BUTLER

OCT 24 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Empower Financial Advisory 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:

Seth Arndt

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

Empower Financial Advisory LLC

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

16326 Culpepper Drive

\_\_\_\_\_  
Address

Lakewood Ranch, FL 34211

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

empoweradv@a gmail.com

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

For further information concerning this matter, please call:

Seth Arndt

941 777-4948

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 6327  
Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 OCT 21 AM 7:40

Empower Financial Advisory LLC

SECRETARY OF STATE

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

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03-04-2021 and assigned  
Florida document number 121000123068.

This amendment is submitted to amend the following:

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

Empower Financial LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

16326 Colpepper Drive  
Lakewood Ranch, FL 34211

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:

16326 Colpepper Drive  
*Enter Florida street address*  
Lakewood Ranch, Florida 34211  
*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>                      |
|--------------|--------------------|--------------------------------|--------------------------------------------|
| <u>AMBR</u>  | <u>Debra Hines</u> | <u></u>                        | <input type="checkbox"/> Add               |
|              |                    | <u></u>                        | <input type="checkbox"/> Remove            |
|              |                    | <u>16326 CUPPICK DRIVE</u>     | <input checked="" type="checkbox"/> Change |
|              |                    | <u>Lawrenceville, GA 30041</u> | <input type="checkbox"/> Add               |
|              |                    | <u></u>                        | <input type="checkbox"/> Remove            |
|              |                    | <u></u>                        | <input type="checkbox"/> Change            |
|              |                    | <u></u>                        | <input type="checkbox"/> Add               |
|              |                    | <u></u>                        | <input type="checkbox"/> Remove            |
|              |                    | <u></u>                        | <input type="checkbox"/> Change            |
|              |                    | <u></u>                        | <input type="checkbox"/> Add               |
|              |                    | <u></u>                        | <input type="checkbox"/> Remove            |
|              |                    | <u></u>                        | <input type="checkbox"/> Change            |
|              |                    | <u></u>                        | <input type="checkbox"/> Add               |
|              |                    | <u></u>                        | <input type="checkbox"/> Remove            |
|              |                    | <u></u>                        | <input type="checkbox"/> Change            |
|              |                    | <u></u>                        | <input type="checkbox"/> Add               |
|              |                    | <u></u>                        | <input type="checkbox"/> Remove            |
|              |                    | <u></u>                        | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Authorized Person Detail

please change address to:

11520 Colipappa Drive

Lakewood Ranch FL 34211

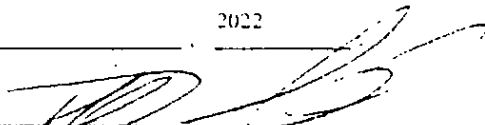
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed

Dated June 1st, 2022



Signature of a member or authorized representative of a member

Seth Arndt

Typed or printed name of signer

Filing Fee: \$25.00