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below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : REZLEGAL, LLC Account Number : I20140000033 : (904)685-9321 : (904)567-1066 Phone Fax Number

\*\*Enter the email address for this business entity to be used for futurge  $\Theta$ annual report mailings. Enter only one email address please.\*\*

lukem@waymaker.health Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WAYMAKER VENTURES LLC

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## From: Erika Rivera • Fax+19042970982 To: Fax: (850) 617-0 DocuSign Envelope ID: C07D97F0-19A8-4A68-9615-E3A46AD93E34 COVER LETTER

TO: Registration Division of C				
	er Ventures LLC			
SUBJECT:		Name of Limited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	J. David Jeans			
		Name of Person		
	RezLegal, LLC		9: t	2024 HAY
		Firm/Company	·	: <del>                                     </del>
	816 A1A North, Suite 204			
	<del></del>	Address		P. P.
	Ponte Vedra Beach, Florida 32082			# <b>%</b>
	lukem@waymaker.health	City/State and Zip Code	<del></del>	'' U
	•	to be used for future annual report notifi	cation)	
For further information	n concerning this matter, please c	all:		
J. David Jeans		904 638-1085		
Nam	e of Person		Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & 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 Add	ress:	Street Address:		

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

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

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

Waymaker Ventures LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number L21000220268  This amendment is submitted to amend the following:	were filed on May 12, 2021	and assigned
· ·	P4	
A. If amending name, enter the new name of the limited liabi	hty company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "I.I.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, <del>4</del>
(Principal office address MUST BE A STREET ADDRESS)		## F
		22 PH
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		25 Z
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u> a	nme of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I ar rovided for in Chapter 605, F.S. C	n familiar with and Or, if this document is

If Changing Registered Agent. Signature of New Registered Agent

From: Erika Rivera

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From: Erika Rivera Fax: 19042970982 To: Fax: (850) 617-6383 Page: 5 of 6 05/22/2024 2:47 PM CocuSign Envelope ID: C07D97F0-19A8-4A68-9615-E3A46AD93E34

If Attending 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
AMBR	Daniel S. Revels	11555 Central Parkway, Suite 504	□Add
		Jacksonville, Florida 32224	≅Remove
			Change
AMBR	Randall McCann	11555 Central Parkway, Suite 504	
		Jacksonville. Florida 32224	=Remove
			:□Changg
AMBR	Mitchell Gardner	11555 Central Parkway, Suite 504	Change HAY 22
		Jacksonville, Florida 32224	⊒Remove
			— Change
Director of Operations	Clayton Revels	11555 Central Parkway, Suite 504	□Add
		Jacksonville, Florida 32224	■Remove
			□Change
AMBR	Empower Holdings Group, Inc.	11555 Central Parkway, Suite 504	\BAdd
		Jacksonville. Florida 32224	□Remove
			□Change
			□Add
			□Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: \_ (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. May 22 2024 Dated \_\_ Signature of a member or authorized representative of a member Randall J. McCann Typed or printed name of signee

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