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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Empowered	2, 1.1.C		
SUBJECT:	Nanoc of Lim	ited Liability Company	-
The continued failure of	Non-conductive and the control of	actional Constitute	
The enclosed Afficies of a	Amendment and feets) are sub	initied for filling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dana Johnson		
		Name of Person	
	Empowered2, LLC		
		Firm/Company	
	10912 Panicum Coart		
		Address	~
	New Port Richey, Et. 3465	5	
		City/State and Zip Code	· -
	dana@empowered het	•	
	Lamar' ad ness; ()	to be used for future annual report nor	tication)
For further information co	oncerning this matter (%) se ea	all:	
Dana Johnson		727 326 7791 at ()	
Name of	Person	Area Code Daytin	re Felephone Number
Enclosed is a check for th	e following amount		
■ \$25.00 Filling Fee	1\$30.00 Filing Lec & Certificate of Status	[2] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	7	The Centre of [•
Tallahassee, F	FL 32314	2415 N. Monro Tallahassee, FI	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Empowered2, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{6.212021}{1000}$ _____ and assigned Florida document number 1.21000285883 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Spellers Revolution, LLC The new name must be distinguishable and contgreets, words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: 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 amfamiliar 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 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>		Address		Type of Action
		·	 .		□Add
					[]Remove
					□Change
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effective date is listed	, the date must be s	e of filing: Dc+ 12, 2000-	(optional) e than 90 days after filing.) Pursuant to 605.02
		ioes not meet the applicable statutory filing inem of State's records.	requirements, this date will not be listed
ord specifies a dela filed.	yed effective dat	e, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after th
aOctob	1e/ 12	2027	
	\ \ /	\	

Dana Johnson
Typed or printed name of signee