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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | | |
| Special Instructions to | Filing Officer: | |
| | J. HORN | |
| | FEB - 5 | 2022 |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: I Can her women Empawerment Hinistry LCC 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: |
| Chipe Johnson Name of Person |
| Bright Cight Consulting (LC Firm/Company |
| 2595 Sanlard AV |
| Scinford FL 32773 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Magaire Gaires at (407) 413-4916 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ☐ \$25.00 Filing Fee |

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**

| 1 Cm Her Women | 5 Emo ability Compar orida Limited L | LUC MCAT by as it now appea lability Company) | Hinitation 2022 100 our records SEC | CAN 31 PM 12: 26 CRETARY OF STATE AHASSEE, FI |
|--|--|---|--|---|
| The Articles of Organization for this Limited Liabilities Florida document number LUDOO 30510 | ty Company | were filed on | 07/02/21 | and assigned |
| This amendment is submitted to amend the following | g: | | | |
| A. If amending name, enter the new name of the | - | | <u>ere</u> : | |
| The new name must be distinguishable and contain the words. | | | | |
| Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET AL</u> | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | | | |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her | ered office a re: | ddress on our r | ecords, <u>enter the n</u> | ame of the new registered |
| Name of New Registered Agent: | Bright | Light Cons | sulting lu | |
| New Registered Office Address: | 2595_ | Santard 1 Enter Flor | SLHing UL AV ida street address | |
| | Sinfuc | Con | Florida | 32-113 Zip Code |
| New Registered Agent's Signature, if changing Regist | ered Agent: | (ti') | | гарх оас |

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> | Name | Address | Type of Action |
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| fective | date, | if other | than t | he dat | e of | filing: | | L. L.i. | | | | -1 | <u> </u> | (option | nal) | I. | | 0207 |
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