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Certified Copies	Certificate	s of Status
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T. MATTHEWS NOV 2 4 2021

COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Empowerm	ent Community Development,	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LaTatia Ray		
		Name of Person	
	Empowerment Community	Development, LLC	
		Firm/Company	
	2085 Cherokee Cove Trail		
		Address	
	Jacksonville, Fl. 32221		
		City/State and Zip Code	
	empoweringmindsjax@gma		
For further information c	oncerning this matter, please c	to be used for future annual report not all:	псанон)
LaTatia Ray		904 302-1385 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration So Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

21 17 . 12 . 23 . 30

Empowerment Community Development (Name of the Limited Lia		cords.)
(A Flo	ability Company as it now appears on our recorda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L21000357654	ty Company were filed on August 9, 202	l and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registon agent and/or the new registered office address her	 -	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	City .	Florida 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 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marcus J. Ray, Sr.	2085 Cherokee Cove Trail	= Add
		Jacksonville, Fl. 32221	□Remove
			□ Change
			🗀 Add
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			□ Change

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is filed.	90 days after	filing.) l	Pursuant rill not b	o 605.0207 (e listed as t
	arlier of: (b) The	90th day	after the
ated November 10 2021				
Signature of a member or authorized representative of a mo				
LaTatia Ray	nber			_

Filing Fee: \$25.00