

177000051311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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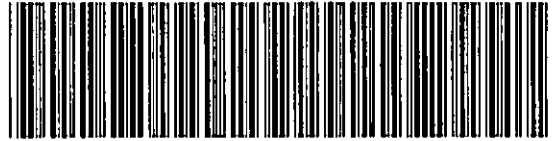
(Business Entity Name)

(Document Number)

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FILED
2022 APR 18 PM 1:04
TALLAHASSEE, FL

cf 51312122

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empower properties and solutions, 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:

Taynasia Best
Name of Person

Firm/Company

806 Calum Ave
Address

Lehigh Acres, FL 33972
City/State and Zip Code

tybest811@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taynasia Best at (239) 410-0138
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**

Empower properties and solutions LLC

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

2022 APR 18 PM 1:04
FILED

The Articles of Organization for this Limited Liability Company were filed on 1/26/22 and assigned
Florida document number L22000051311

This amendment is submitted to amend the following:

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

Empower services and solutions, 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)

806 Calvin Ave

Lehigh Acres, FL 33972

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

806 Calvin Ave

Lehigh Acres, FL 33972

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:

Same

New Registered Office Address:

Same

Enter Florida street address

OLA

City

Florida

NA

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.

NA

If Changing Registered Agent, Signature of New Registered Agent

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

[This section is crossed out with a large X.]

E. Effective date, if other than the date of filing: 1/26/2022 (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 April 13 2022

Taynesia Best
Signature of a member or authorized representative of a member

Taynesia Best
Typed or printed name of signer