3/14/24, 8:44 AM

Division of Corporations

Florida Department of State

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(((H24000098842 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

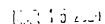
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EMPOWHER2 LLC**

Certificate of Status	0
Certified Copy	1
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Help



To:

COVER LETTER

TO: Registration S Division of Co			
EMPOWI	IER2 LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all corresp	ondence concerning this matter	to the Inflowing:	
	Cheyenne Moseley		
Name of Person			
	Legalzoom.com, Inc.		
Firm/Company			
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 9120?		
		City/State and Zip Code	
•	llucast8@yahoo.com		
For further information :	r:-mail address (concerning this matter, please c	to be used for fixure annual report no all:	ntheanon)
Cheyenne Moseley		800 773-0888	
Name of Person		Area Code Dayti	me Telephone Number
Enclosed is a check for t	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 Tallnhassee, FL 32314		STREET/COUL Registration Sect Division of Corp Clifton Building 2661 Executive C Vallahassec, FL	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPOWHER2 LLC		
(Name of the Limited Liability Cor (A Fiorida Limit	mpany as it now appears on our recor led Liability Company)	<u>ds.)</u>
The Articles of Organization for this Limited Liability Compa	any were filed on 04/25/2022	and assigned
Florida document number L22000197140		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
EmpowerHER 2 LLC		
The new name must be distinguishable and contain the words "Limited L	rability Company," the designation "LL	C" or the abbreviation "L.I., C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	2024 HJ
		1. <u>20</u> .
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		9.
		. 9
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		ls, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:	19 19 1	
	Emer Florida street addre	7.7
	, F	lorida
	erit.	zip com

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
			□ Add		
			☐ Remove		
			_☐ Change		
			D Add		
			□ Remove		
			☐ Change		
			□ Add		
			□ Remove		
			Change		
			☐ Remove		
			☐ Change		
			D Add		
			☐ Remove		
			☐ Change		
			[] Add		
			□ Remove		

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Filing Fee: \$25.00