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COVER LETTER

Division of Cor			2		
THE COM SUBJECT:	MUNITY EMPOWERMENT	FUND, LLC.	-		
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ordence concerning this matter	to the following:			
	Jasmin Lee Rodriguez				
		Name of Person			
		Firm/Company			
	1631 ROCK SPRINGS RI	D 323		22	JIV.
	APOPKA, FL 32712	Address		AUG 26	MUTY VOG YOO JO NOISTAIN
	mv@m2m.us.com	City/State and Zip Code			04,400 40,538
Confort information	E-mail address: (to be used for future annual report notifies	ttion)	PM 12: 10	
ror turther information co	oncerning this matter, please of	aii:			•.
Name of	Person	at () Area Code Daytime T	elephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE COMMUNITY EMPOWERMENT FUND, 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 $\frac{05/05/2022}{1}$ _ and assigned Florida document number 1.22000212767 This amendment is submitted to amend the following: 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 "LLC" or the abbreviation "L.I. 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: Enter Florida street address _ Florida _ City 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

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
MGR	Jasmin Lee Rodriguez	1631 ROCK SPRINGS RD 323 APOPKA, FL 32712	🗏 Add
			_ □Remove
			□Change
MGR	Becky Garcia	1631 ROCK SPRINGS RD 323 APOPKA, FL 32712	□Add
			= Remove
			_ Change
			JIVISION OF 22 AUG 2
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		PH 12: 11
	be specific and cannot be prior to date of filing ck does not meet the applicable statutory	(optional) gor more than 90 days after filing.) Pursuant to 605,0207 filing requirements, this date will not be listed as
record specifies a delayed effective f is filed.	date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after the
ated August 18	. 2022	
	Jasmin Rodrige	1123