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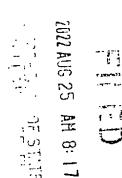
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Registration Section

TO:

Division of Corp	orations		
Home of	Purpose Empowerment	: FL, LLC	
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jared DiCianno		
		Name of Person	
	Home of Purpose En	powerment FL, LLC	
		Firm/Company	
	5427 Helene Circle	• •	
		Address	
	Boynton Beach FL 3	33472	
	kevin.elondawilson	City/State and Zip Code agmail.com	
	E-mail address: (to be used for future annual report no	tification)
For further information cor	ncerning this matter, please of	u11:	
Jared DiCianno		561 989-4862	?
		at () Area Code Daytii	
Name of I	Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	following amount:		
图 \$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:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

cuSign Envelope ID: 59663891-53AC-4891-8709-758F9D52AF32

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home of Purpose Empowerment FL. LLC

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

(A Florida Limited Liability Company)

(OS/03/2022)

and ass

Florida document number L22000342240 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Home of Purpose Empowerment, 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)
A. If amending name, enter the new name of the limited liability company here: Home of Purpose Empowerment, 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)
Home of Purpose Empowerment, LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS]
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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, <u>enter the name of the new registered agent and/or the new registered office address here:</u> Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:
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.

buSign Envelope ID: 59663B91-53AC-4891-8709-758F9D52AF32 in amending Authorized rerson(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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
-			□ Add
			□Remove
			□Change
			□ Add
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ective date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	k does not meet	the applicable	late of filing or me	ore than 90 days aff	tional) ter filing.) Pursua his date will no	nt to 605.021 t be listed a
cord specifies a delayed effective s filed.	date, but not an c	effective time	. at 12:01 a.m. c	on the earlier of:	(b) The 90th (lay after the
August 23		022				
	·		Docu	Signed by:		
	ignature of a mem		1 / "			