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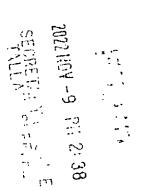
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: EMP	ioner Coachi	ited Kiability Company	ing LLC
	Name of Limi	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:	
		1 —	
	Kichard	Name of Person	· ·
		Name of Person	
		Firm/Company	
	2566 L	Address	
		Address	2
	Grand	Island, FL	3273S = = = = = = = = = = = = = = = = = = =
		City/State and Zip Code	76. 8
	Rick eth	City/State and Zip Code  Crick Control	M G
	15-maii address: (t	to be used for future annual report nom	ication)
_	ncerning this matter, please ca	all: -	2: 2: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:
Rchard Co	pk-/	ar (352 ) 989	6795 "
Name of I	Porson	Area Code Daytime	e 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:		Street Address:	
Registration Se	2	Registration Sec	ction
Division of Corporations		Division of Cor	•
P.O. Box 6327 Tallahassec, Fl		The Centre of T	allahassee e Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Empower Coaching  (Name of the Limited Liability (A Florida L.)	and Minbring	LLC
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 22 00038431</u>	mpany were filed on Aug.	31,2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	$\Delta Q$	
(Principal office address MUST BE A STREET ADDRE	ESS)	
		2022 SEC. 2022
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		<u>''</u> - <del>n</del> \ }
	<del> </del>	1- 75
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:	<del>-</del>	
New Registered Office Address:		
	Enter Florida stre	et address
·		, Florida
	City	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	V	Signature of a	a member or	huthorized re	oresentative of	a member			