L23000002538

(Requestor's Name)
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PICK-UP WAIT MAIL
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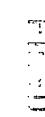


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COVER LETTER

Div	ision of Corp	porations			
SUBJECT:	Empowered	For Performance Massage Th	erapy LLC		
SCESECT.		Name of Limited Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Ewaldson François			
			Name of Person		
			Firm/Company		
		19046 Bruce B downs blvo			
			Address		
		Tampa, FL 33647			
	City/State and Zip Code			202:	
	empoweredforperformance@gmail.com			2023 HAR	
		E-mail address: (to be used for future annual report notification)	R 30 ::	
For further in	nformation co	oncerning this matter, please c	all:		
Ewaldson Fr	rancois		662 456-6886	Mber 2	
	Name of	Person	Area Code Daytime Telephone Nu	mber 25	
Enclosed is a	check for the	c following amount:			
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)	

Registration Section

TO:

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

Empowered For Performance Massage Therapy LI		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on JAN 1, 2023	and assigned
Florida document number <u>L23000002538</u>		
This amendment is submitted to amend the following:		
Florida document number L23000002538 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 "LLC." 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		
The new name must be distinguishable and contain the words "Limited L	iability 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		w o
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
Navy Registered Office Address:		
New Registered Office Address.	Enter Florida street addres.	s
	, Flo	orida
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ewaldson François	19046 Bruce B. Downs Blvd #203 Tampa, FL 33647	= Add
			□Change
			🛘 Add
			□Remove
			Change
		E. FL	30 Remove ↓
			□Add
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	<u></u>		□Add
			□Remove
			Change

If amend	ng any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)		
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Mactiva	date, if other than the date of filing: (option	nal)		
f an effectiv Note: If t	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after no date inserted in this block does not meet the applicable statutory filing requirements, this is effective date on the Department of State's records.	filing.) Purs	nant to 60 not be lis	5.0207 (ted as t
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	The 90t	h day aft	er the
d is filed.			202	
		; `.	<u>≅</u>	
Dated	·		2023 HAR 30	- £
	53	•	30	• •
	Signature of a member or authorized representative of a member	177.		٤,
		- ,	ö	: 7

Filing Fee: \$25.00

Typed or printed name of signee