

# L230DD0247965

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

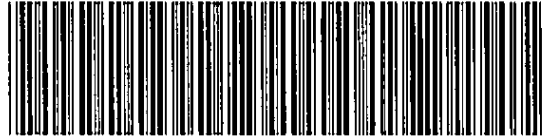
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200410716532

FILED  
2003 JUN 22 PM 12:46  
TALLAHASSEE, FL  
SECRETARY OF STATE

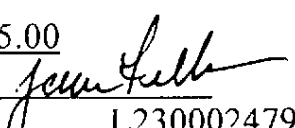
RECEIVED  
2003 JUN 22 AM 10:43  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: I20210000160: 25.00

Authorization Signature: \_\_\_\_\_

EMPOWERU COACHING & WELLNESS LLC

 L23000247965

Business

DOC#

\_\_\_\_ Certified Copy

\_\_\_\_ Certificate of Status

### NEW FILINGS

\_\_\_\_ Profit Corp  
\_\_\_\_ Not for Profit  
\_\_\_\_ Officer/Director  
\_\_\_\_ Limited Liability  
\_\_\_\_ Domestication  
\_\_\_\_ Other  
\_\_\_\_ **CORP**  
\_\_\_\_ **LLLP**

### AMENDMENTS

X Amendment  
\_\_\_\_ Resignation of R.A. or member  
\_\_\_\_ Dissolution  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Revocation of Dissolution  
\_\_\_\_ Merger  
\_\_\_\_ **Conversion**  
\_\_\_\_ **Amended and restated Articles**  
\_\_\_\_ **Statement of Correction**

### OTHER FILINGS

\_\_\_\_ **Trademark**  
\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name  
\_\_\_\_ **APOSTILLE**

COUNTRY

### REGISTRATION/QUALIFICATIONS

\_\_\_\_ Foreign filing  
\_\_\_\_ Limited Partnership  
\_\_\_\_ Reinstatement  
\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EMPOWERU COACHING & WELLNESS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY D. JOHNS, LCSW

Name of Person

EMPOWERU COACHING AND WELLNESS LLC

Firm/Company

2367 WINDING COVE

Address

OVIEDO, FLORIDA 32765

City/State and Zip Code

lifeword2011@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY D. JOHNS, LCSW

910 382-3046  
at ( )

Name of Person

Area Code

Daytime 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:**

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**

**FILED**

EMPOWERU COACHING & WELLNESS LLC

2023 11 22 PM 12:46

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

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on MA 19, 2023 and assigned  
Florida document number L23000247965.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

EMPOWERU COUNSELING & EDUCATION 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)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 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 Changing Registered Agent, Signature of New Registered Agent**

●

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

7003. 122 PH 12:46  
OFFICE OF STATE  
SSEB, FL

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 20TH, 2023

Signature of a member or authorized representative

Larry D. Johns, LCSW  
Typed or printed name of signee

**Filing Fee: \$25.00**