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Y. SCOTT OCT 14 2023

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: <u>Fû</u> s	powering E Name of Lim	Herpise LLC- ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
For further information of	Empowerings 3542 Cou Jacksonui	The FL 3226 City/State and Zip Code S 2014 @ DUH 100 K. Code to be used for future annual report notions.	PH 3: 21
VERDNICA	Johnson	at (904) 341	-7957
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
₹525.00 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: Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Welman		Wering U Enterpine LL
V) DANGLIDAD EN	er Distor LL/	
	any as it now appears on o	
(A Fforta Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	v were filed on 9 12	with and assigned
Florida document number <u>23000 426653</u> .		
Florida document number 12000 42005 5.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial		
Empowering Enterprise. The new name must be distinguishable and contain the words Limited Liab	LL	
The new name must be distinguishable and contain the words. Limited Liab	ility Company," the designa-	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3542 COU	Path CT
• • •	Jacksonuil	
(Principal office address MUST BE A STREET ADDRESS)	JUDICON TO CL	- Gilli
	•	000 000 000 000 000 000 000 000 000 00
	1.	
Enter new mailing address, if applicable:	<u>JC</u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		M ORS
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	-	· ·
B. If amending the registered agent and/or registered office	address on our record	s enter the name of the new registered
agent and/or the new registered office address here:		enter the name or the new regimened
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida str	eet address
		Florida
	Cuy	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. Thereby 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
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to	Lie Cellini	(optional)
$oldsymbol{arphi}$ If the date inserted in this block does not meet the applicab		
iment's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time filed.	e, at 12:01 a.m. on the earlic	er of: (b) The 90th day after t
d 9 25 . ZO23	<u>.</u> .	
1 min a Chinha-		
Signature of knomber or authori.	zed representative of a member	
Varoni Ca Joh Typed or printed	'	