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COVER LETTER

Divi	sion of Corp	orations			
	EMPOWER	ED TO PROSPER THERAPY	AND CONSULTING SOLUTIO	NS LLC	
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspon	dence concerning this matter t	o the following:		
		GRENITA BROOKS			
			Name of Person	<u>-</u>	
		EMPOWERED TO PROSI	PER THERAPY AND CONSULT	ING SOLUTIONS	
			Firm/Company		
	370 PEBBLE HILL WAY				
			Address		
		ROCKLEDGE, FL 32955			
			City/State and Zip Code		
		GRENITAB@GMAIL.COM		 	
		E-mail address: (t	o be used for future annual report notif	ication)	
For further in	formation co	ncerning this matter, please ca	И:		
GRENITA E	IROOKS		321 5256735 at ()		
	Name of	Person	Area Code Daytime	: Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling 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)	
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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 TO PROSPER THERAPY AND CONSULTING SOLUTIONS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 2, 2024 and assigned Florida document number L24000340806 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 "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

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
AMBR	GRENITA BROOKS	370 PEBBLE HILL WAY. ROCKLEDGE, FL 32955	; ≣Add
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			_ Remove
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			□Remove
			□ Change

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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated AUGUST 20 2024 Signature of a member or authorized representative of a member		· 	·			<u> </u>
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