## 25000201806

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## **COVER LETTER**

	Registration Se Division of Cor				
CUBIEC		Corporate Clothing and Swag L	LC		
SUBJEC	1:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Alicia Orași			
		-	Name of Person		
		Empower Corporate Cloth	ing & Swag LLC		
			Firm/Company		
		2326 SE Tavares Dr			
			Address		
		Port St Lucie, FL 34952			
		<del></del>	City/State and Zip Code	<del></del>	
		alicia@empower-ccs.com			
		E-mail address: ()	to be used for future annual report no	otification)	
For furthe	er information o	concerning this matter, please ca	all:		
Alicia Or	rasi		786 201-4424		
	Name o	of Person	at () Area Code Dayti	ime Telephone Number	
Enclosed	is a check for the	he following amount:			
	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 Addres Registration		Street Address: Registration S	Section	
	Division of C P.O. Box 632			Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPOWER CORPORATE CLOTHING & SWAG LLC

2025 J == 23 PM 2: 57

(Name of the Limited L	iability Company as it now appears on our record	<u>s.</u> )
(A r	Torida Limited Liability Company)	<u>.</u> .
The Articles of Organization for this Limited Liabil	ity Company were filed on 04/28/2025	and assigned
lorida document number L25000201806	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e 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	e:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. V.C	stand office address on our records enter	the name of the new regists
B. If amending the registered agent and/or regis agent and/or the new registered office address h		the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
-	, Flo	orida 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
AMBR	Alicia Orasi	2326 SE Tavares Dr	<del>国</del> Add
		Port St Lucie, FL 34952	□Remove
			<b>≘</b> Change
AMBR	Brian Musacchia	115 Faunawood Dr	<b>=</b> Add
		Simpsonville, SC 29681	
			□ Change
AMBR	Jeffery D Ellis	415 Flagler Blvd	<b>≣</b> Add
		Lake Park, FL 33403	□Remove
			□ Change
			□Add
			Remove
			□ Change
			□Add
		Remove	
			☐ Change
			□Add
		<del> </del>	□Remove
			☐Change

•	
Note:	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	Signature of a member of authorized representative of a member
	Aficia Orași
	Typed or printed name of signee