# 11400004697

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S. TALLENT AUG 0 7 2017

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Empowering	4 Purpose, In	corporated
DOCUMENT NUMBER: N1400000469	77	
The enclosed Articles of Amendment and fee are subm	uitted for filing.	
Please return all correspondence concerning this matter	to the following:	
LAKESHA BOWIE		
	Name of Contact Person	1)
NA		
	(Firm/ Company)	
5631 NW 27th Terrace		
	(Address)	
Gainesville, FL 32653		
, (	City/ State and Zip Cod	e)
empowering 4 pur vose @ out	-100K . COrv ) for future annual report	notification)
For further information concerning this matter, please of		
•		
Tikki Dunklin	at (	352) 642-5227
(Name of Contact Person)	(Aı	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Depa	irtment of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street	<u>Address</u>
Amendment Section		ment Section
Division of Corporations P.O. Box 6327		on of Corporations
Tallahassee, FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

of

Empowering 4 Durance 1	000	امليين			
Empowering 4 Purpose, 1	currenti	アクトムフ e o v filed with the Florid	la Dept. of State)		-
N140000D4697	•		<u> </u>		
	nt Numbe	r of Corporation (if kno	own)		-
Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:	a Statutes	, this <b>Florida Not For</b>	Profit Corporation adopts	the following	Ē
A. If amending name, enter the new name of the confirmation of the			or the abbreviation "Corp	The new o." or "Inc."	7
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD		N/H	······		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u> )	N/H		ALL SESSANS OF SELECTIONS OF S	•
D. If amending the registered agent and/or register new registered agent and/or the new registered			nter the name of the	<del></del>	
Name of New Registered Agent:	<u> N/H</u>				_
New Registered Office Address:		(Flut	ida street address)		-
			, Florida		_
		(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered agent.	istered A Lam fam	<b>gent:</b> iliar with and accept th	ne obligations of the position	าก.	
	NIF	r			
	Sig	nature of New Register	ed Agent, if changing		

Page 1 of 4

# If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove A Add	<u>V</u> <u>Mil</u>	in Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>S</u>	Lois Harmon	6530 El Colegio Road Santa Barbara, CA 93106
2) Change Add Remove	<u>ST</u>	Tikeiyuna Dunklin	5631 NW 27th Terrace Gainesville, FL 32663
3)	DP	Lakesha Bowie	5631 NW 27th Terrace Gainesville, FL 32653
4)	TV	Natasha Bowie	100 NW 146th Drive, Apt 127 Newberry, FL 32669
5) Change Add Remove			
6) Change Add Remove	<del></del>		

E. If amending or adding additional Arti- (attach additional sheets, if necessary).	<u>icles, enter change(s) here:</u> (Be specific)
N/H	
<del></del>	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adop	tion:	_, if other than the
date this document was signed.		
Effective date if applicable:		-12.75
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not truent of State's records.	he listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop was/were sufficient for approval.	eted by the members and the number of votes cast for the amendment(s)	
☐ There are no members or member adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 7/22/17		
Signature J.	13_	<del></del>
have not been	on or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
Lake	sha Bowie	
	(Typed or printed name of person signing)	
Presio	lent & Director	
	(Title of person signing)	