N17000002978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
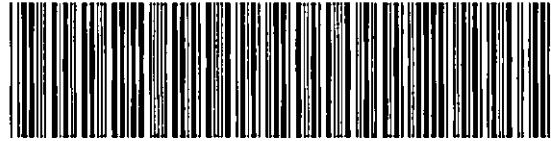
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
     Division of Corporations

NAME OF CORPORATION: EMPOWERED PROSTHETICS CORP

DOCUMENT NUMBER: N17000002978

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan Casas

(Name of Contact Person)

Empowered Prosthetics

(Firm/ Company)

392-4 Prestwick Circle

(Address)

Palm Beach Gardens, FL, 33418

(City/ State and Zip Code)

prostheticsprojectuf@gmail.com

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

For further information concerning this matter, please call:

Harrison Haines   at   781   6986447

(Name of Contact Person)   (Area Code)   (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ $35 Filing Fee   ☐$43.75 Filing Fee &   ☐$43.75 Filing Fee &   ☐$52.50 Filing Fee
             Certificate of Status   Certified Copy   Certificate of Status
                             (Additional copy is   Certified Copy
                             enclosed)   (Additional Copy is
                                               Enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                  Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

EMPOWERED PROSTHETICS
_____
(Name of Corporation as currently filed with the Florida Dept. of State)

N17000002978
_____
(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____*The new*
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS)

                                                             _____

                                                             _____

C. Enter new mailing address, if applicable:
    (Mailing address MAY BE A POST OFFICE BOX)   _____

                                                             _____

                                                             _____

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Juan Casas
                                  _____

                                  3527 SW 20th Ave, Apt 611-b
                                  _____
                                                (Florida street address)
New Registered Office Address:

                                  Gainesville   32607
                                  _____, Florida _____
                                          (City)   *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent.   I am familiar with and accept the obligations of the position.

_____
                        Signature of New Registered 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   PT   John Doe
X Remove   V   Mike Jones
X Add   SV   Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add X ___ Remove	P	Sean Biava	17637 SW 28th CT Miramar, FL, 33209
2) ___ Change X ___ Add ___ Remove	D	Nicholas Friend	30 Willowwood Ln. Oldsmar, FL, 34677
3) ___ Change X ___ Add ___ Remove	D	Harrison Haines	106 Blossomcrest Rd. Lexington, MA, 02421
4) ___ Change X ___ Add ___ Remove	D	Jacyln Horton	903 SW 13th St. Gainesville, FL, 32601
5) ___ Change X ___ Add ___ Remove	S	Dimple Desai	407 NW Forest Meadows Ave. Lake City, FL, 32055
6) X ___ Change ___ Add ___ Remove	CCEO	Juan Casas	3527 SW 20th Ave. Apt. 611-b Gainesville, FL, 32607

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

We are amending Article III, which states the specific purpose of our organization. The new purpose is:

Empowered Prosthetics provides those who cannot afford them access to myo-electric prosthetics worldwide in a sustainable

manner for public and charitable purposes.

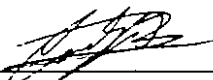**The date of each amendment(s) adoption:** _____ , if other than the date this document was signed.

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s)   **(CHECK ONE)**

☐   The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒   There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

                    10/31/17
Dated   _____

Signature _____
          (By the chairman or vice chairman of the board, president or other officer-if directors
          have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
          other court appointed fiduciary by that fiduciary)

          Juan Casas
          _____
                    (Typed or printed name of person signing)

          Chairman & Chief Executive Officer
          _____
                    (Title of person signing)