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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Empower Healthcar	re, Inc.
DOCUMENT NUMBER: N20000008841	
The enclosed Articles of Amendment and fee are submitted	ed for filing
Please return all correspondence concerning this matter to	
	The following.
Jinga Oglesby-Brihm	
(Na	me of Contact Person)
Empower Healthcare, Inc.	
	(Firm/ Company)
491 E Main Street	
	(Address)
Pahokee/FL/33476	•
(City	/ State and Zip Code)
empowerhc4all@gmail.com	<u>.</u>
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call:	<u> </u>
Jinga Oglesby-Brihm	ر. at 305-905-9757
(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 Certificate of Status — Certificate of Status — Certific	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallabassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
Empower Healthcare, Inc.		
(Document	Number of Corporation (if known	wn)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For I	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co" "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.	<u>RESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	X)	
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, office address:	enter the name of the
Name of New Registered Agent:		
	(Flo	rida street address)
New Registered Office Address:		ε
	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	gistered Agent: I am familiar with and accept	the obligations of the position.
	Signature of New Registe	ered Agent, if changing

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 X Add	<u>V</u> <u>Mike</u>	<u>l Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			1
Remove 5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sho	ing additional A	articles, enter change(s) here:). (Be specific)	

We would like to add: 7 CFR 1942.17 (e)(5) states "Before a loan is made to an applicant other than a public body,

for other than utility type projects, the articles of incorporation or loan agreement will include a condition similar to the following: In the event of dissolution of this corporation, or in the event it shall cease to carry out the objectives and purposes herein set forth, all business, property, and assets of the corporation shall go and be distributed to one or more nonprofit corporations or public bodies as may be selected by the board of directors of this corporation and approved by at least

75 percent of the users or members to be used for, and devoted to, the purpose of a community
facility project or other purpose to serve the public welfare of the community. In no event shall
any of the assets or property, in the event of dissolution thereof, go or be distributed to members,
directors, stockholders, or others having financial or managerial interest in the corporation
either for the reimbursement of any sum subscribed, donated or contributed by such members or for any other
purposes, provided that nothing herein shall prohibit the corporation from paying its just debts".
ω _ν
The date of each amendment(s) adoption: 02/19/2024, if other than the date this document was signed.
Effective date if applicable: 02/19/2024 (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.
Dated 2/19/2024
Signature Karen Mana
(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)
KARENMANN
(Typed or printed name of person signing)
Treasurer
(Title of person signing)