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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: EMPOWER 4 SUCCESS & DEVICES TINC
DOCUMENT NUMBER: P2400015912
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marelis Alonso Name of Contact Person Employer 4 SUCCESS & Services FINC Firm/ Company 17041 NW 85th Cf Address Hallah, FL 33015 City/ State and Zip Code holisticmind beauty & Gmail, com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Contact Person at (// / / / / / / / / / / / / / / / / /
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\$43.75 Filing Fee & \$Certificate of Status (Additional copy is enclosed) \$\$43.75 Filing Fee & \$Certificate of Status (Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

EMPIWER 4 Sirrors &	Services That Fin
(Name of Corporation as currently 1	filed with the Florida Dept. of State)
P24000150	11 2 2024 APR -5 AH 9: 29
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida	
its Articles of Incorporation:	to the state of th
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A particular contains a sociation, or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable:	\mathcal{N}/\mathcal{A}
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Ω / Ω
(Manual Manual M	- VIII
-	
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent \\\(\(\frac{1}{2}\)	
(Florida street	address)
New Registered Office Address:	, Florida
(Ci	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	n and accept the obligations of the position.
Signature of New Regi	stered Agent, if changing
Check if applicable	n.a.
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e),	, F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change		Carmen Lugo	17041 NW 85th CH
\times Add			Huleah Fl 3301
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

(Attach addit	or adding additional Arti ional sheets, if necessary).	(Be specific)			
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	<u> </u>		-		
					
F. If an amend	ment provides for an exch	ange, reclassificatio	on, or cancellation o	f issued shares.	
provisions	or implementing the amer	ndment if not conta	ined in the amendn	ent itself:	
(if not a	pplicable, indicate N/A)	1			
		NA			
		MA	<u> </u>		
					
					
				<u> </u>	
					

The date of each amendment(s) adoption: 3/29/2024	, if other than the
date this document was signed.	, it other than the
Effective date if applicable: 3/29/2021	
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 wildocument's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 3/29/2024	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Chilelis Alonso	
(Typed or printed name of person signing)	
Cresident	
(Title of person signing)	