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## **COVER LETTER**

SUBJECT: EMPFO	SS LOPS & BR	aids LLC	
•	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Akrandeia .	Name of Person	
	۲	0	
	tmperss Lox	SS & Braids LLC. Firm/Company	<del></del>
	6996 PICIZZO	a Granche Aue sui:	te #23
	OPIANAO, FL	31 835	
	1.1	City/State and Zip Code	_
	E-mail address: (10	Obe used for futtire annual report notific	ration)
For further information co	ncerning this matter, please ca		
Ma cado a	TO (CO.		
Hlex(IndPIG ] Name of	Person	at (172) 419-1 Area Code Daytime	ICLO Telephone Number
		•	·
Enclosed is a check for the	following aniount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
J	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Empress los & Beniels LLC.

i (Name of the Limi	(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited L		y were filed on JINC 5, 2019 and assigne	:d
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	f the limited lial	bility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."	•
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	4627 N. Pine Hills ed Dejando, Fl 32008	
B. If amending the registered agent and registered agent and/or the new registered of		office address on our records, enter the name of tere:	<u>he new</u>
Name of New Registered Agent:	*	dria Jetteey	
New Registered Office Address:	6996	PIAZZA BRANDE AUC SUTTE	<u>机</u> 3
	Deland	City Florida 32835	
N D '4 14 4 C' 4 15 5 7 1	D. J		

## 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.

f Changing Registered Agent, Signature of New Registered Agent

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 Title **Name** Address **Type of Action** Alexandera Jeltzey <u>Alort N. Pine Hills rd</u> OPLANDO, FL 32808 ☐ Change AMBR Jettray Hours 738 Avenida Sexta HOS Otromont, Fl. 34714 □ Remove ☐ Change \_□ Add ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove \_\_\_ Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effe <u>Note:</u>	ve date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cent's effective date on the Department of State's records.
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated <sub>-</sub>	August 20 , 2019.
	Signature of a member or authorized representative of a member
	Alexantera Jelfrey

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Filing Fee: \$25.00