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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: EMP	ress Tres	SS EXTENS16 led Liability Company	ns, LC.
The enclosed Articles of Am		-	20 7
riease return an corresponde		Name of Person	20 FEB -3 PK 3:
	Empress	TYPSS EXTEN	isions, LLC. 3 *
		144 TERRAI	ce
	Miami, F	City/State and Zip Code	
-	E-mail address: (to	Y ESS OX TENSION o be used for future annual report notifies	15 11 CO gmail. Com
For further information conc	erning this matter, please ca	II:	
Khaityr Name of Pe	ttatcher erson	at (78ψ) 304 Area Code Daytime T	elephone Number
Enclosed is a check for the f	Collowing amount:		
□ \$25.00 Filing Fee	#\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

Co State of the St ARTICLES OF ORGANIZATION **OF** Name of the Limited Liability Company as it now appears
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	any were filed on 06/06/2019 and assigned
Florida document number <u>L 19000 1492</u>	46.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	495 N.E. 164th TERR Miami, FL, 33162
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	utlyn Hatcher.
New Registered Office Address: 495	Enter Florida street address
<u></u>	rami Florida 33162.

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.

If 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	Knaityn Hatcher	2 495 NEI 104 TURE	(Z ^o Add
		Miami, Fr. 1 33142	□Remove
			□Change
<u>AMB</u> R	Pamera Hatcher	2430 NW 157 Street	□Add
	15Ryant.	2430 NW 157 Street Opa LOCK9, F2, 3305	Remove
			🗆 Change
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ited		Signature of a	member or auth	norized representa	tive of a member	 .	