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## **COVER LETTER**

TO: Registration Section Division of Corporations	. ,
SUBJECT: Irie's Euphoric	a LC
	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Charce	Name of Person
	rie's Euphoria LLC Firm/Company
6506_	hernandes dr # 106 Address
Orla	ando Florida 32808 City/State and Zip Code
E-mail addres	corincearto amail. Com ss: (to be used for future annual deport notification)
For further information concerning this matter, pleas	e call:
Chase Irving Name of Person	at (407) 965-6943 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ires Euphoria (Name of the Aimited Liability (A Florida L	LLC		
( <u>Name of the Aimited Liability</u> (A Florida L	Company as it now Limited Liability Con	appears on our records.) ipany)	
The Articles of Organization for this Limited Liability Cor Florida document number $\frac{20001847}{}$	mpany were filed	on 05/01/2	OZO and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability comp	any here:	
The new name must be distinguishable and contain the words "Limite	cd Liability Company	r," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered	office address on	our records, enter the	name of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			是至
			150 to
New Registered Office Address:	En	nter Florida street address	m w
		Florid,	a
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performa ent as provided f	nce of my duties, and I or in Chapter 605, F.S	am familiar with and . Or, if this document is
	If Changing Regist	ered Agent, Signature of Ne	w 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
MGR	Chase Irving	5505 Hernandes dr # Ko Orlando Florida 3280	D6 BAdd
	J	Orlando Florida 3280	S_□Remove
			□Change
MGR	Belinda Destin	5505 Hernandes dr # 106	□Add
		5505 Hernandes dr # 106 Orlando Florida 3280;	8_ DRemove
			□Change
			□Add
			□Remove
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te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
is file	
ted _	4/23/2021  Charac Inving Signature of a member or authorized representative of a member  Chase Irving Typed or printed name of signee
	Signature of a member
	Chaus Time
	/Typed or printed name of signee