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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Empress Soaps LUC.	
Name of Limited Liability Company	-
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Joetha Saunders Name of Person	_
Souping Dives Organics LE	ie
18835 NW 4212 Place	
Miami Gerdens, Fr 33055	. For
Soap ingolives a gmail. com E-mail address: (to be used for future annual report notification)	ි ද ද දිනි
For further information concerning this matter, please call:	
Name of Person  at (T810) Box DBox  Daytime Telephone Numb	eer
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certific	Filing Fcc, cate of Status & ed Copy nal copy is enclosed)
Mailing Address:  Registration Section  Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2C	
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our re I Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 20000133249</u>	y were filed on <u>May</u>	15, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia  Soaping Dives Organics  The new name must be distinguishable and contain the words "Limited Liab	LLC	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		820 L
Enter new mailing address, if applicable:		0CT -6
(Mailing address MAY BE A POST OFFICE BOX)		
		2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ddress
		, Florida
<del></del>	City	Zip Code

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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