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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Emperor's Throne: LLL 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:
Dwayne Foster Name of Person
Emperor's Throne 2LC Firm/Company
8505 Southampton Drive
Miramar FC 33025 Cily/State and Zip Code
E-mail address: (to be used for future arrival report notification)
For further information concerning this matter, please call:
Dwayne Foster at (984) 260-1141 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & 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 ARTICLES OF ORGANIZATION OF

Empe	ror's Ihrone LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number $\angle 2000000$ This amendment is submitted to amend the follow A. If amending name, enter the new name of the	ility Company were filed on $\frac{7}{129}$ $\frac{9}{2020}$ and assigned $\frac{5461}{2020}$ ing:
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered affice address b	stered office address on our records, <u>enter the name of the new registered</u> tere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
•	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mrs	Melrose J Foster	Address 8505 Southampton Dr Miramar FL, 33025	□Add
		Miramar FL, 33025	XRemove
			□Change
			□ Add _.
			□Remove
			□Change
			□Add
			□Remove
			Change
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			□Change
			🗆 Add
			□Remove
			□Change
			[]Add
			□Remove
			Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Note: If	e date, if other than the date of filing:
record is filed	
Dated	Olio 2020 Dwayne foster. Signature of a member or authorized representative of a member Dayne foster. Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Decise forter
	Typed or printed name of signee