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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Registration Section

| Div | ision of Corp | porations | | |
|-------------------|---|---|--|---|
| | iEmpress | | | |
| SUBJECT: | | Name of Lin | nited Liability Company | <u> </u> |
| The enclosed | Articles of / | Amendment and fee(s) are sub | omitted for filing. | |
| Please return | all correspor | ndence concerning this matter | to the following: | |
| | | VALENCIA VICTORIA | WALKER | |
| | | | Name of Person | |
| | | iEmpress | | |
| | | | Firm/Company | |
| | | 1314 E LAS OLAS BLVI | O NUM 1623 | |
| | | | Address | - . |
| | | FT LAUDERDALE, FL 3 | 3301 | |
| | | | City/State and Zip Code | |
| | | empressicandy@gmail.com | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For further in | iformation co | oncerning this matter, please c | all: | |
| VALENCIA | VICTORIA | WALKER | 561 713-5369 at () | |
| | Name of | Person | | Telephone Number |
| Enclosed is a | check for the | e following amount: | | |
| ■ \$25.00 F | filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is exclosed) |
| | | | | |
| Reg Div P.C | iling Address gistration S vision of Co D. Box 6327 lahassec, F | ection orporations 7 | Street Address: Registration Sectorial Division of Corp The Centre of Ta | ion Descriptions |
| ı aı | тапиоосс, 1 | 1 VAC 17 | Tallahassee, FL. | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| iEmpress | | |
|--|--|---|
| (Name of the Limited Liability Com (A Florida Limited | pany as it now appears on our record Liability Company) | ls.) |
| The Articles of Organization for this Limited Liability Companies of Organization for this Liability Companies of Organization for the Organization for the Organization for this Organization for the O | y were filed on 10/06/2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| he new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "LLC | " or the abbreviation "L.U.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | e address on our records, <u>enter</u> | the name of the new register |
| New Registered Office Address: | Enter Florida street addres | |
| | | 64 |
| - - | City , F1 | orida : |
| New Registered Agent's Signature, if changing Registered Agen | <u>t:</u> | - I |
| hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic | e performance of my duties, as provided for in Chapter 605, | nd I am familiar with and F.S. Or, if this document is |
| company has been notified in writing of this change. | | . 24 |
| II Ch | anging Registered Agent, Signature of | 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> | <u>Address</u> | Type of Action |
|--------------|--------------------------|-------------------------------|---------------------|
| MGR | VALENCIA VICTORIA WALKER | 1314 E LAS OLAS BLVD NUM 1623 | ≣ Add |
| | | FT LAUDERDALE, FL 33301 | □Remove |
| | | | |
| CEO | VALENCIA VICTORIA WALKER | 1314 E LAS OLAS BLVD NUM 1623 | □Add |
| | | FT LAUDERDALE, FL 33301 | ≣Remove |
| | | | □ Change |
| | | | □Add |
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| Mective date, if other than the date of filing: | date of filing or more | (optional than 90 days after filing | |
| ote: If the date inserted in this block does not meet the applicable | | | |
| ocument's effective date on the Department of State's records. | | | |
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| record specifies a delayed effective date, but not an effective time is filed. | e. at 12:01 a.m. on t | he earlier of: (b), T | he 90 ±tr day after t |
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| 05/03/2021 2021 | ed representative of | a member | |

Filing Fee: \$25.00