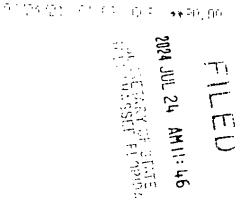
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	(Requestor's Name)
	(Address)
	(Address)
<del></del>	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.
	Office Use Only



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## COVER LETTER

Division of Cor	porations 4	•	
SUBJE <b>Č</b> T:	ACHEVR	N SOLUTION LLC	•
	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub ondence concerning this matter	_	
		Jephte Chevrin	
	_	Name of Person	<del></del>
		ACHEVRIN SOLUTION LLC	
		Firm/Company	
	650	Arlington Expressway Suite B-167-1	
		Address	
		Jacksonville Fl, 32211	
	<del> </del>	City/State and Zip Code	
		nfo@ImperialPrestigeGroup.com to be used for future annual report notif	Cantino
	concerning this matter, please c	all:	
	f Person	(	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		☐ \$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		Straat Addrace	

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 [ F [ )

2024 JUL 24 AM 11: 46 ACHEVRIN SOLUTION LLC (Name of the Limited Liability Company as it now appears on our-records:) Since (A Florida Limited Liability Company) 04/09/2021 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L21000165756 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: IMPERIAL PRESTIGE GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_ City 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
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Note: If the c	iate inserted t	n this block doe	of filing:  cific and cannot be prices not meet the applicant of State's records	cable statutory	g or more than 90 d filing requireme	_ (optional) ays after filing.) Pents, this date wi	arsuant to 605.0207 (I Il not be listed as th
record speci d is filed.	fies a delay <b>e</b> d	effective date,	but not an effective	iime, at 12:01 a	a.m. on the earlie	er of: (b) The 9	Oth day after the
Dated	JULY	23	, 2024	·			
_		Signatu	Jephte re of a member or auti	Chevru	N tative of a member	<del> </del>	