Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : **I20000000019**Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PASSIVE EMPIRE LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

UH

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASSIVE EMPIRE LLC			
(Name of the Limite	d Liability Company as it A Florida Limited Liability	now appears on our records.) Company)	
he Articles of Organization for this Limited Lia	ability Company were fi	ded on 11/01/2021	and assigned
lorida document number 1.21000238146	 		
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liability co	mpany here:	
he new name must be distinguishable and contain the we	ords "Limited Liability Com	pany," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applica	able:		
Principal office address MUST BE A STREET	T ADDRESS)		<u></u>
			<u></u>
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B			
Annual aguress WAT DE AT OUT OTT JCE D	<u></u>		
. If amending the registered agent and/or re gent and/or the new registered office address	gistered office address <u>s here</u> :	on our records, enter the	e name of the new reg
			₩ \$5, — №
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			VON
		Enter Florida street address	da P
		, Floric	
an Paristand to a U.S.	Cig	•	Zip Code
ew Registered Agent's Signature, if changing Re	egntered Agent:		06 1100

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.

or removed from our records.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FREUDMAN, CHRISTIAN	7115 SW 147 CT	□Adđ
		MIAMI, FL 33193	В Rетюче
			Change
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