# L21000268724

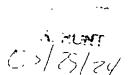
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special manucions to 1 ming Officer.

Office Use Only



200430461172

E5.13.14 01015 FIRE \*\*10.01



#### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Empress On (	guard LhC	
	Name of Limite	ed Liability Company	
The enclosed Articles of 7	amendment and fee(s) are subm	itted for filing.	
Please return all correspor	idence concerning this matter to	the following:	
	Nico	Rame of Person	
	Empress	On Guard LLC Firm/Company	<u>-</u>
	6805 West	Communicial Blud # 111	78
		Marac FL 33319 City/State and Zip Code . @ Ibidun birthing. Com	
	E-mail address: (to	be used for future annual report holifical	tion)
For further information co	ncerning this matter, please call		 2011
Name of	Pence Person	at ( <u>954</u> ) <u>966 - (</u> Area Code Daytime Te	o345 Elephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed:	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as It now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on	Empress 1	On Guard LLC	
Florida document number			<u>ls.</u> )
A. If amending name, enter the new name of the limited liability company here:    Flocial Ecards LLC	-		22021 and assigned
The new name must be distinguishable and contain the words "Librited 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)  2  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  Florida	This amendment is submitted to amend the following:		
The new name must be distinguishable and contain the words "Lihited 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)  2.  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:  Finer Florida street address  Florida	Florin Francis	110.	
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	The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  2  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	Enter new principal offices address, if applicable:	N/A	<del>-</del>
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	(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	<del></del>
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	•••	N/A	
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Training and the Print De 111 Oct Of The Dong		<u>, ,</u>
New Registered Office Address:  Enter Florida street address  Florida	B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter	the name of the new registered
Enter Florida street address Florida	Name of New Registered Agent:	MA	
Florida	New Registered Office Address:	25 - 121 - 1	<del></del>

#### 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			_ 🗆 Add
			_ □Remove
			_ DChange
			_ □Add
			_ □Remove
		·	_ □Change
			_ □Add
			_ □Remove
			□Change

## Page 2 of 3

-		-
_		•
_		
_		
_		
_		
_		
_		
_		
_		
_		
etis	e date, if other than the date of filing:	
effe	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 (	020
ume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	ed as
eco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er o
ne s	90th day after the record is filed.	
لب	May 20, 2024	
:a _	A A A	
	Signature of a member or authorized representative of a member	
	Nucle Smile	
	Typed or printed name of signee	

Page 3 of 3