L22 000094684

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05/24/22--01009--002 **25.00

22 MAY 24 AM 10: 51

T. MATTHEWS

JUL 27 2022

COVER LETTER

TO: Registration S Division of Co				
	E HAYWORTH LLC	·		
Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JAIME TEWARI			
		Name of Person		
	T EMPIRE HAYWORTH	LLC		
		Firm/Company		
	2722 SW ENSENADA TE	ERRACE		
	 	Address		
	PORT SAINT LUCIE. FL	34953		
		City/State and Zip Code	 	
	TEMPIRELLC@OUTLOC	K,COM		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
JAIME TEWARI		772 999-4935		
Name	of Person	at () Area Code Daytime	Telephone 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclos	
Mailing Addro Registration		Street Address: Registration Sec	tion:	
-	Corporations	Division of Corp		
P.O. Box 63	27	The Centre of T	allahassee	
Tallahassee,	FL 32314	2415 N. Monroe	: Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY 24 AM 10: 51

T EMPIRE HAYWORTH LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000096684	were filed on 2-23-22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"L.L.C" or the abbreviation "L.L.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 a agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida strect address Florida City Zip Code	
<u>.</u>		
·	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		re a
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	performance of my dutie.	s, and I am familiar with and

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
MGR	JAIME R TEWARI	2722 SW ENSENADA TERRACE	≡ Add
		PORT SAINT LUCIE, FL 34953	□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□ Remove
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(If an effec Note: 1	ve date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ord is file	
ord is file	d.

Filing Fee: \$25.00