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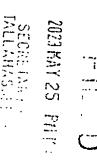
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COVER LETTER

TO:	Registration Sec Division of Corp		٠	
SUBJEC	• No	torize M	l C	
SOBJEC	.1: <u> </u>		ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		Valentina	Name of Person	<u></u>
			Firm/Company	
		1708 Hollo	Address	
		Lakeland F	City/State and Zip Code Gmail Com to be used for future annual report noti	
		VPINC 20129 15-mail address: (1)	o be used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please ca	all:	
Val	entine Name of	Evens	at 863 1712-	_
Enclosed	l is a check for th	e following amount:		
☐ \$2 5.	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 enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTIC	JLES OF ORGANIZA	ATION	
	OF	I^{∞}/I^{-} ,	4
Name of the Limited	Me Liability Company as it now appe	2023 MAY 25 F.	:0 • • • • • • • • • • • • • • • • • • •
(A	Liability Company as it now apperation of the Company of the Compa) (1////////////////////////////////////	'', '
The Articles of Organization for this Limited Liab		4/4/2022	and assigned
This amendment is submitted to amend the follow	/ing:		
A. If amending name, enter the new name of t	he limited liability company	here:	
Empress Toka Ve	ds "Limited Liability Company." the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicab	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	OY)		
France address MATE DE ALTOST OFFICE BO	<u></u>		
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or reg agent and/or the new registered office address		records, enter the name o	f the new registered
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Fnter Fl	orida street address	
	, ARC 1 1		
	City	Florida	Zip Code
	Cuy		гар Соше

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
		 	□Add
			□Remove
		<u></u>	□ Change
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(If an effect Note: If	e date, if other than the date of filing:
he record : ord is filed	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.
Dated \(\bigvee \)	Jay 16 2023
	Valetua Eugus. Signature of a member or authorized representative of a member