10/24/23, 4:18 PM

Division of Corporations

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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	Division of Cor	•
	Fax Number	: (850)617-6383
From:		
	Account Name	: LEGALZOOM.COM INC.
	Account Number	: 120010000062
	Phon e	: (323)962-8600
	Fax Number	: (323)389-0502
*Enter	the email addres:	s for this business entity to be used for future
		ngs. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN G. W. HEIRESS REALTY LLC Certificate of Status

Certified Copy 1 Page Count 06 \$55,00 Estimated Charge

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2023-10-23 14:34 EDT -

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PAGE 2/5

COVER LETTER*

TO:	Registration Se Division of Co				
ČIID IV		RESS REALTY LLC			
\$UBJE(CI;	Name of Lim	ited Liability Company		
The end	losed Articles of	Amendment and feets) are sub	mitted for liting.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Cheyenna Moselay			
			Name of Person		
Legalzoom.com. Inc.					
Figur/Company					
		101 N Brand Blvd 11th Fl			
			Address		
		Glendale, CA 91203			
		lindaharrisopulence@gmail	City/State and Zip Code .com		
		E mail address: (to be used for future arrival report notit	ication)	
For furt	er information o	concerning this matter, please or	all:		
Cheyenne Moseley S00 773-0888					
	Nance	of Person	at () Area Code ——Daytime	: Telephone Number	
Enclose	Lis a check for t	he following amount:			
□ \$25.	NO 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 radditional copy is enclosed)	

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

2023-10-23 14:34 EDT -

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PAGE 3/5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G. W. HEIRESS REALTY LLC		
(Name of the Limited Lightlity (A Florida L	Company as it now appears on our records.) firsted Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L22000237513	npany were filed on 05/23/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
Opulence Consulting Group LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation 'LLC' o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 %
Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable:		: . **
Mailing address MAY BE A POST OFFICE BOX)		••
Stating data ess SIAT DL AT OST OFFICE DOX)		.,
3. If amending the registered agent and/or register egistered agent and/or the new registered office addresses.		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	Circ	Zip Code

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.

1f Changing Registered Agent, Signature of New Registered Agent

To:		Page; 39 of 45
		17-,

2023-10-23 14:34 EDT -

2023-10-27 11:08:26 PDT

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From, Mohd Afzal

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PAGE 4/5

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
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			Add
			☐ Remove
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			□ Remove
			☐ Change
-		··	□ Add
			☐ Remove
			(T) Chance

To:

Signature of a member or adjustive representative of a member

Linda Harris

Typed or printed name of signee

Page 3 of 3