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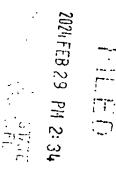
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(Document Number)
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COVER LETTER

TO: Registration So Division of Cor		<i>)</i>	
SUBJECT: LUXU	RYDREAMEVENTS LLC		
30b3EC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BARBARA GIRA	LDO	
		Name of Person	
		Firm/Company	
	6834 STIRLING ROAL		<u>-</u> -
		Address	
	HOLLYWOOD, FL 33024		
	barbicalush74@hotmail.co E-mail address: (City/State and Zip Code m to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
BARBARA GIRALD	Ю	at (754) 246-1	177
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632	27	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURYDREAMEVENTS LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny ay it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL22000355941	were filed on AU	GUST 12, 2022	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	:	
EMPIRE DERMIS SKINCARE LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			2024 FEB
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			29 PH 2134
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	ords, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		Florida	
	City		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.

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
AMBR	CARLA G FALLA		□Add
			⊠Remove
			☐ Change
AMBR	SHEENA GIRALDO		□Add
			⊠Remove
			Change
			□Add
			Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change

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an eft lote:	ve date, if other than the date of filing:
e red The	ord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier ogoth day after the record is filed.
ated	FEBRUARY 24 2024
	Signature of a member or authorized representative of a member