L23000009023

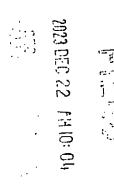
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	HEMPTRE L Name of Lim	L C ited Liability Company	
	mendment and fee(s) are sub	_	
	Ethan	Mullins Name of Person	
	THEM	PIRE LLC Firm/Company	
	4029	Osprey Point	
		City/State and Zip Code	
		blasters @ gmail to be used for future annual export notifi	cation)
For further information co	ncerning this matter, please ca	all:	
Ethan Mul Name of	Person	at (<u>\$50</u>) <u>\$67</u> Area Code Daytime	- 8088 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 enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THEMPIRE LLC

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

(1) 1 (1) (1)	mined bittoning desinpancy	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L23006009023</u>		/2023_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite COASTAL BLASTE The new name must be distinguishable and contain the words "Limited"	RS LLC	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:	 	3 DEC 22
•		= 1
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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
			□Add
			□Remove
			Change
	<u></u>		□ Add
			□Remove
			□ Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Page 2 of 3

			<u>.</u>		
<u> </u>					
					
			·	·	
				- -	
				<u></u>	
					
If an effective date is lis Note: If the date ins	ther than the date of fil sted, the date must be specific a serted in this block does no e date on the Department o	and cannot be prior to do not meet the applicable	ate of filing or more than 9	00 days after filing.) Pursuant	
	es a delayed effective after the record is file		n effective time, a	: 12:01 a.m. on the	earlier of:
Dated Deier	nber 3	2023	,		
	H Signature of	_ Mul	d representative of a men	nber	
		i a member or animorize	a representative of a men	11.44	

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