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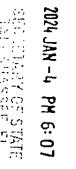
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Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. asser teturn all correspondence concerning this matter to the following: Fiona Darby	Royal Empi	ire Insurance LLC		
Fiona Darby Name of Person Firm/Company 2912 Sunshine Blvd Address Miramat FL 33023 City/State and Zip Code royalempircinsurance@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: na Darby Name of Person 1786 Area Code Area Code Daytime Telephone Number losed is a check for the following amount: \$255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certificate of Status Certified Copy Certificate Copy Certificate Opy Certificate Copy	MEC1.	Name of Lim	ited Liability Company	
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TO:

Registration Section

Mailing 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

HILLZ ENTERTAINMENT & DISTRIBUTION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{4/19/2023}{1}$ and assigned Florida document number L23000192801 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROYAL EMPIRE INSURANCE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2912 SUNSHINE BLVD Enter new principal offices address, if applicable: MIRAMAR FL 33023 (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida _

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>	Name	Address	Type of Action
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ective date, if other than the date of effective date is listed, the date must be	te of filing:specific and cannot be prior	to date of filing or more th	(optional) an 90 days after filing.) Pu	suant to 605.020
te: If the date inserted in this block cument's effective date on the Department.	does not meet the application application of State's records.	able statutory filing req	uirements, this date will	not be listed a
cord specifies a delayed effective da s filed.	ite, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The 90	th day after the
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