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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Opulence Society Studio SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gabrielle Wilson Name of Person Firm/Company 8827 39th street circle e Address Parrish, FL 34219 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabrielle Wilson 902-6339 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ₹ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Opulence Society Studio 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 $\frac{07/12/2023}{2}$ and assigned Florida document number 1,23000330044 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Opulence Holdings Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 8827 39th Street Circle E Enter new principal offices address, if applicable: Parrish, FL 34219 (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 Office Address: Enter Florida street address Cirv

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.

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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si dise	Signature of a m	tember or author	ized representativ	e of a member		
Dated June 27th		2024	_·			
ne record specifies a delayed effecti ord is filed.	ve date, but not i		ne, at 12:01 a.m.	on the earlier of: (b)	The 90th day after	the
Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this be document's effective date on the L	lock does not m	eet the applical	o date of filing or a ble statutory filin	(option nore than 90 days after ng requirements, this	nal) filing.) Pursuant to 605,0 date will not be listed	0207 (3 d as th
						
						
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