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(((H240000670493)))

Tallahassee, FL 32314

COVER LETTER

(((H24000067049 3)))

TO: Registration Sc Division of Cor					
outh tozan.		MEMPIRE LLC			
SUBJECT:		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:			
	LOVETTE DOBSON				
		Name of Person			
		Firm/Company		2021	
	17350 STATE HWY 249 5	STE 220		2024 FE8 21	-
		Address		8 2	ï
	HOUSTON, TX 77064			· · · · · · · · · · · · · · · · · · ·	; [
	EFILE1234@INCFILE.CO	City/State and Zip Code M to be used for future annual report notifi		21 PH12:12	Ţ
For further information c	e-mail address; ((CMETOH)	••	
LOVETTE DOBSON		at () S884623-	453		
Name o	f Person	Area Code Daytime	Telephone Number	_	
Enclosed is a check for t	he following amount:				
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	© S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ Sh0,00 Filing I Certificate of Certified Copy (additional copy)	Status & y	
Mailing Address Registration 9	Section	Street Address: Registration Sec			
Division of Corporations P.O. Box 6327		Division of Corp The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2/21/2024 01:05;45 CST . Page: 3/5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000067049 3)))

BELL EMEMI			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	i <mark>v as it now app</mark> jability Compan	ears on our records. /}	1
The Articles of Organization for this Limited Liability Company Florida document number 1.23000461003	were filed on	10/05/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company	here:	
BELL EMPIRE LLC			
The new name must be distinguishable and contain the words "Limited Liabile	ty Company," th	e designation "LLC"	or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:			024
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
			P [
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on om	records, <u>enter t</u> l	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida sirver address	
	Cits	, Flor	rida Zw Codc
N. D. C. and G. and G. C. and G. and G. C. and G. and G. C. and G.	CIB		гун сода
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance rovided for it	of my duties, and i Chapter 605. F	Ham familiar with and 'S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

(((H240000670493)))

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 = AMBR =	Manager Authorized Member		(((H24000067049 3)))
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□ Change
			DAdd
			L!Remove ~~
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			ZAdd
			□Remove
			□Change

		(((H24000067049 3)))
). If amending any other informa	tion, enter change(s) here: (Attach additional sheets,	, if necessary)
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		24
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	·	ــــ کنــ
		12
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	e date of filing: st be specific and cannot be prior to date of filing or more than 90 dock does not meet the applicable statutory filing requirem Department of State's records.	(optional) days after filing.) Pursuant to 605,0207 (3)(b) ents, this date will not be listed as the
If the record specifies a delayed effecti record is filed.	ve date, but not an effective time, at \$2:01 a.m. on the earli	ier of: (b) The 90th day after the
Dated February 19	2024	
	Signature of a member or authorized representative of a member	WF
	Gavin Parker	
	Typed or printed name of signee	

Filing Fee: \$25.00