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COVER LETTER

Tallahassee, FL 32314

TO:

	Registration Se Division of Cor				
CHD IEC		N TRADEWINDS LLC			
SUBJECT: Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please reti	urn all correspo	ondence concerning this matter	to the following:		
		Beaudelaire Dussuau			
			Name of Person		
EMPYREAN TRADEWINDS LLC					
Firm/Company					
		7297 NW 1st Manor			
		Plantation, FL 33317			
			City/State and Zip Code		
		bdussuau@hotmail.com			
		E-mail address: (to be used for future annual report not	ification)	
For furthe	r information c	oncerning this matter, please ca	all:		
Beaudelai	ire Dussuau		754 4228869 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed	is a check for tl	ne following amount:			
■ \$25.0	0 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 Addres		Street Address:		
Registration Section Division of Corporations		Registration Section 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

Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
ility Company were filed on 01/29/2024	and assigned
·	
ing:	
ne limited liability company here:	
ls "Limited Liability Company." the designation "	LLC" or the abbreviation "L.L.C."
le:	
ADDRESS)	
<u></u>	
	ter the name of the new regist
iere.	
	· <u>·</u>
Enter Florida sweet ac	ldress
City	, Florida Zip Code
	ing: Ite limited liability company here: Is "Limited Liability Company," the designation " Ite: ADDRESS) Stered office address on our records, entere: Enter Florida street address and the street address are address.

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 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	Beaudelaire Dussuau	6919 W. Broward Blvd 250	■ Add
		Plantation, FL 33317	□Remove
			□Change
			□Add
			[]Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□ Add
		·***	□ Remove
			□Chango

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 2024

2024

Signature of a member or authorized representative of a member

Beaudelaire Dussuau

Typed or printed name of signee

Filing Fee: \$25.00