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| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Division of Corporation | ons | | |
|-----------------------------------|---|---|--|
| SUBJECT: EMPTE | PE DEE | ed Liability Company | |
| | Traile Of Estitue | ou Elability Company | |
| | | | |
| The enclosed Articles of Amend | ment and fee(s) are subm | nitted for filing. | |
| Please return all correspondence | concerning this matter to | o the following: | |
| | Andre | Recardo Bel | ot, SR. |
| - | | Firm/Company | |
| <u> 7</u> 1 | 16 Heritag | Je Way Address | |
| | Nest Palm | Blach Fl City/State and Zip Code | 33407 m |
| <u> </u> | E-mail address: (to | be used for future annual report not | ification) |
| For further information concern | ing this matter, please cal | 1: | |
| Artire, R. Bur | 74, SR. | at (50) (08- Area Code Daytin | OSLIV ne Telephone Number |
| Enclosed is a check for the follo | wing 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

TO:

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

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

| EMPIRE DREA (Name of the Limited Li | ability Company as it now appears on orida Limited Liability Company) | our records.) |
|--|---|---|
| The Articles of Organization for this Limited Liabili Florida document number <u>L 3 4000 3 05</u> | ty Company were filed on Ma | _ |
| This amendment is submitted to amend the following | g: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | | _ - # |
| Principal office address MUST BE A STREET Al | | |
| | | |
| | | - |
| Enter new mailing address, if applicable: | | 8: 5 |
| Mailing address MAY BE A POST OFFICE BOX | 0 | <u></u> |
| 777 | <u> </u> | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | | ds, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida s | treet address |
| | 7. | , 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 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 | <u>Address</u> | Type of Action |
|--------------|----------------------------|---|----------------|
| AMBR | Andre Recardo Bent, Se. | 146 Heritage Way West Palm Beach, Fl | _ Dada |
| | BUM SKI | West Palm Beach, Fl | □Remove |
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| an eff | ive date, if other than the date of filing: August 1 2024 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| recor l is fi | rd 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 led. |
| ated | August 1 2024. |
| | And II |
| | |
| | Signature of a member or authorized representative of a member |