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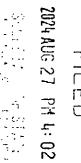
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Special Instructions to	Filing Officer:	
	J	I. HORNE
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COVER LETTER

TO: Registration Section Division of Corporations EMBER SPELLS LLC. 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: JAVIER VERA Name of Person EMBER SPELLS LLC. Firm/Company 1413 NW 208TH TERR Address PEMBROKE PINES, FLORIDA, 33029 City/State and Zip Code VIOLETA.VERA90410@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VIOLETA VERA 7543044229 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, S25.00 Filing Fee ☐ \$55.00 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 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

FILED 2024 AUG 27 PM 4: 03

Zip Code

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	liability Company)	TO THE STAN
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000259939}{1.24000259939}$.	were filed on $\frac{06/06/2024}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	XX
	, F)	lorida

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

EMBER SPELLS LLC.

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.

Cav

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
MGR	JAVIER VERA	1413 NW 208TH TER, PEMBROKE PINES, FLOR	ID □Add
			≡Remove
			□Change
MGR	VIOLETA VERA	1413 NW 208TH TER, PEMBROKE PINES, FLORI	ID ≣Add
			□Remove
			_ Change
			_ 🗆 Add
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not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
2024	
f a member or authorized representative of a member	
	iling:

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