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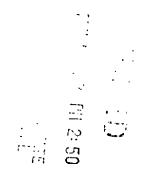
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COVER LETTER

TO: Registration SeDivision of Cor					
HADORAL	BA LLC				
SUBJECT:	Name of Lim	ited Liability Company		-	
	Tune (1.5)	ned Dimensy Georgian,			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RONEN MONTYANO				
		Name of Person			
				- 3	
		Firm/Company			
	306 ETYLER ST			i ro N	,
		Address		그: 	; ; ;
	TAMPA FL 33602			L 1 Cu	أمرييه فأ
	JEFF@HADORABA.COM	City/State and Zip Code		m O	
	E-mail address: (to be used for future annual report not	tification)	_	
For further information of	concerning this matter, please c	all:			
RONEN MONTYANO		323 383-3347			
Name (of Person	at () Area Code — Daytir	ne Telephone Num	ber	
Enclosed is a check for t	he following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Status & ed Copy nal copy is enclose	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sc	ection		
Division of C	Corporations	Division of Co	orporations		
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro		e 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HADORABA LLC		
(Name of the Limited Liabit (A Floric	lity Company as it now appears on our records la Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability (Florida document number L24000272374	Company were filed on (16/14/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
EMPIRE DEVELOPMENT LLC		
The new name must be distinguishable and contain the words "Lir	nifted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD.	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	****	7
		rui di
 If amending the registered agent and/or registere igent and/or the new registered office address here: 	ed office address on our records, <u>enter t</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	797.
	Flo	rida
	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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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effective date is listed, the date must be speci	ific and cannot be pr	ior to date of filio	g or more than 90 da	(optional) ys after filing.)	Pursuan	it to 605,02
e: If the date inserted in this block does iment's effective date on the Department	s not meet the app nt of State's record	ds.	tiling requireme	nts, this date v	vill not	be listed a
ord specifies a delayed effective date, b filed.	out not an effective	e time, at 12:01	a.m. on the earlie	rof:(b) The	90th di	ay after th
08/20	2024					
d		·				
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Typed or printed name of signee