

104000014372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

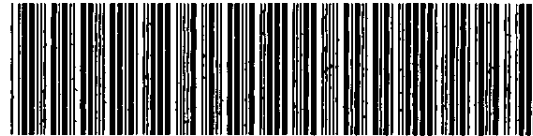
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08 JUL 10 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 11 2008

EXAMINER

WSS-32100

530 Susan B. Britt Ct., Ste. 240  
Winter Garden, FL 34787  
Office - (407) 656 - 9884  
Fax - (407) 656 - 2820

**Empire Finish Systems, Inc.**

# Memo

To: Florida Department of State: Division of Corporations

From: Iliana Ramos, Registered Agent

Date: June 30, 2008

Re: FEIN Number

FILED  
08 JUL 10 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

We would like to inform the Divisions of Corporations that our Federal Employer Identification Number has been established. With this information (which is provided below) we would appreciate our company information to be updated to reflect the aforementioned change. Thank you for your time and if there are other questions regarding this or any other situation feel free to contact us via phone at 407.656.9884.

Empire Finish Systems, Inc.

FEIN 20-0927264



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2008

ILIANA RAMOS  
530 SUSAN B. BRITT CT. #210  
WINTER GARDEN, FL 34787

SUBJECT: NAPOLEON/EMPIRE DEVELOPERS, LLC  
Ref. Number: L04000014372

08 JUL 10 AM 11:10  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NAPOLEON/EMPIRE DEVELOPERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 808A00039960

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: NAPOLEON / EMPIRE DEVELOPERS, LLC  
(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:

ILIANA RAMOS

(Name of Person)

NAPOLEON / EMPIRE DEVELOPERS, LLC

(Firm/Company)

530 SUSAN B. BRITT CT. #210

(Address)

WINTER GARDEN, FL 34787

(City/State and Zip Code)

08 JUL 10 AM 11:10  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ILIANA RAMOS

(Name of Person)

at (407) 956 9884

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following 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:

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

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

From:

07/10/2008 23:11

#245 P.005/006

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Napoleon/Empire Developers, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12 February 2004 and assigned Florida document number L04000014372.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Britt Plaza, LLC

The new name must be distinguishable and end with the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Liliana Ramos

New Registered Office Address:

530 Susan B Britt Ct #210

(Enter Florida street address)

Winter Garden

(City)

Florida

34787

(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 608, 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.

Liliana Ramos  
(If Changing Registered Agent, Signature of New Registered Agent)

07/10/2008 23:11

#245 P.006/006

From:

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

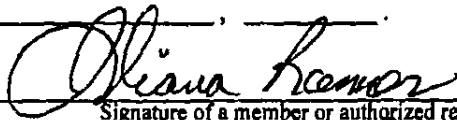
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Iliana Ramos

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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