## 11700028005

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



100302149011

09/04/17--01026--008 \*\*30.00

FILED

AUS 21 PH 3: 03

CERTINATION FOR CARDA

D SCOTT AUG 2 4 2017

## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company-	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kimoy Peters & Sarah E	Becker	
	<del></del>	Name of Person	
	Empire Gardens & Clea	ning LLC	
		Firm/Company	
	5104 San Diego Avenue	3	
		Address	
	Fort Pierce, FL 34946		
		City/State and Zip Code	
	EmpireGardens7@gmail		565 当
For further information c	E-mail address; ( concerning this matter, please co	to be used for future annual report notification) all:	Number 3
Sarah Becker		561 808-3444	強い。同
Name o	of Person	Area Code Daytime Telephone	Number III
Enclosed is a check for t	he following amount:		•
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) (Certified Copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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



August 7, 2017

KIMOY PETERS & SARAH BECKER 5104 SAN DIEGO AVE FORT PIERCE, FL 34946

SUBJECT: EMPIRE GARDENS & CLEANING LLC

Ref. Number: L17000028005

We have received your document for EMPIRE GARDENS & CLEANING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 117A000160182

دې

TAUG 21 AM (B: 23)
THATASSEL TO OND A

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Empire Gardens & Cleaning 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 I Florida document number L17000028005	• •	03/2017 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	• •	our records, enter the name of the new
Name of New Registered Agent:	Sarah Becker	( ) ( )
New Registered Office Address:	5104 San Diego Avenue	la street address
	Fort Pierce	
	City	, Florida <sup>34946</sup> 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.

Changing Registered Agent, Signature of New Registered Agent

If am anding 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
MGR	Kimoy Peters	5104 San Diego Avenue	• Add
		Fort Pierce, FL 34946	□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			22日
			Remove )
			□ Add
			Remove
			☐ Change
			☐ Remove
			□ Change

· ·		
<u> </u>		
-		_
<del> </del>		
Effective date, if other t	han the date of filing:	(optional)
(If an effective date is listed, the	date must be specific and cannot be prior to date o	f filing or more than 90 days after filing.) Pursuant to 605,0207
	on the Department of State's records.	tutory filing requirements, this date will not be listed as
		NG 2
the record specifies a The 90th day after		ffective time, at 12:01 a.m. on the earlier of
The John day after	the record is med.	至少
Dated	2017	PH 9: 03
	Mal B	17
<del></del>	Signature of a member or authorized rep	presentative of a member
		, , , , , , , , , , , , , , , , , , ,
	SUIAH BECK Typed or printed name of	(0)

Page 3 of 3

Filing Fee: \$25.00