Division of Corporations Electronic Filing Cover Sheet

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(((H13000161086 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC .

JUL 1 9 2013

Account Number : I20080000067

: (845)425-0077

L. SELLERS

Phone Fax Number

: (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMPIRE EQ HOMES FUND LLC

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|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

7/18/2013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Empire Eq Homes Fund L | | | |
|---|---|--|--|
| (Name of the Limited | Liability Company A Florida Limited Liab | as it now annears on our records.) ility Company) | |
| The Articles of Organization for this Limited L Florida document number <u>L13000088978</u> | isbility Company w | ere filed on <u>06/19/2013</u> | and assigned |
| This amendment is submitted to amend the following | lowing: | | |
| A. If amending name, enter the new name of | of the limited liabili | v company here: | |
| The new name must be distinguishable and end w | ith the words "Limited | Liability Company," the designation "LI | .C" or the abbreviation |
| Enter new principal offices address, if appli- | cable: | | |
| (Principal office address MUST BE A STREE | ET'ADDRESS) | | |
| | , | | <u></u> |
| Enter now mailing address, if applicables | | | |
| (Muiling address MAY BE A POST OFFICE | : BOXO | | |
| B. If amending the registered agent and registered agent and/or the new registered agent. Name of New Registered Agent: | | - | e name of the new |
| New Registered Office Address: | 2316 NORTH | RIO GRANDE AVENUE | |
| Toy Toursell William, | | Enter Florida street addre | PSS . |
| | ORLANDO | Florida 328 | 304 |
| | | City | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | |
| I hereby accept the appointment as registers the provisions of all statutes relative to the accept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this | proper and complet istered agent as pro registered office ad change. | e performance of my duties, and I an avided for in Chapter 698 F.S. Or, is divised the limit | n familiar with and Tthis document is ited liability |
| | <u> </u> | nu Regimered Agent, Siunature of New Regi | stered Auent |
| | Page 1 o | 13 7 | |

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 ≈ Mar MGRM = N | nager Ianaging Member | |
|-----------------------|--------------------------|--|
| Title | Name | Address Type of Action |
| MGRM | Dovi Lesches | 329A CROWN STREET Add |
| | | BROOKLYN, NY 11225 Remove |
| MGRM | Dov Lesches | 329A CROWN STREET Add |
| | | BROOKLYN, NY 11225 |
| | | Add |
| | <u> </u> | Add |
| | | Add |
| | | Remove |
| | | SECRETARY OF STATE ATTACKS SECRETARY OF STATE TAILS TA |

| If amending any other inform | nation, enter change(s) here | : (Attach additional si | eets, if necessary.) |
|------------------------------|--------------------------------|---------------------------|----------------------|
| | | | : : |
| | | | |
| <u></u> | | · | |
| | , | | |
| | | | |
| July 17 | , 2013 | | |
| | | | |
| Dov Lesches | signalup of a meritor or autho | rized representative of a | nember |
| | Typed or printe | name of signee | |

Page 3 of 3

Filing Fee: \$25.00