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COVER LETTER

Division of Corpo	rations		
SUBJECT: EMPIRE MO	TORS LLC		
	Name of Limited I	Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitte	ed for filing.	
Please return all correspond	ence concerning this matter to th	ne following:	
	ROBERT VIDAL		
		Name of Person	
		Firm/Company	
	PO BOX 530551		
		Address	
	MIAMI SHORES FL 33153		
		ity/State and Zip Code	
	EMPIREMOTORSFL@GMAIL		
	E-mail address: (to be	used for future annual report notification	on)
For further information cond	cerning this matter, please call:		
ROBERT VIDAL		305 814-6009 at ()	
Name of Pe	erson	Area Code Daytime Tele	phone Number
Enclosed is a check for the f	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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPIKE MOTORS LLC		يطسب المراث
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on out imited Liability Company)	or records.)
The Articles of Organization for this Limited Liability Con		and assigned:
Florida document number L15000118266	.•	
This amendment is submitted to amend the following:		32
A. If amending name, enter the new name of the limite	ed liability company here:	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	490 NW 79TH ST	
(Principal office address MUST BE A STREET ADDRE	MIAMI FL 33150	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		records, <u>enter the name of the ne</u> v
Name of New Registered Agent: ROBER	ΓVIDAL	
New Registered Office Address: PO BOX		
	Enter Florida stre	
MIAMI		, Florida
	City	Zip Code

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

EMBINE MOTORS I LO

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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	ROBERT VIDAL	PO BOX 530551	
		MIAMI SHORES 33153	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
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ective date, if other than to	he date of filing:nust be specific and cannot be prior	to date of filing or more than	(optional)	ursuant to 605.02
te: If the date inserted in this	block does not meet the applic Department of State's records.	able statutory filing requir	ements, this date wi	ll not be listed
record specifies a delay he 90th day after the r	red effective date, but no ecord is filed.	t an effective time, a	t 12:01 a.m. on	the earlier
ed <u>4/20</u>	, 2017	<u>~</u> .		
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Filing Fee: \$25.00