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COVER LETTER

	Registratio Division of	on Section Corporations	
S11D 11:21		RE MOTORS LLC	
SUBJEC	·1;	Name of Limited Liability Company	
The enck	sed Article	es of Amendment and fee(s) are submitted for filing.	
Please ret	turn all corr	respondence concerning this matter to the following:	
		ROBERT VIDAL	
		Name of Person	
		Firm/Company	
		PO BOX 530551	
		Address	
		MIAMI SHORES FL 33153	
		City/State and Zip Code	
		EMPIREMOTORSFL@GMAIL.COM	
		E-mail address: (to be used for future annual report notification)	
For furthe	er informati	ion concerning this matter, please call:	
ROBERT	T VIDAL	305 814-6009 at()	
·	Na	ime of Person Area Code Daytime Telephone Number	_
Enclosed	is a check (for the following amount:	
■ \$25 .0	0 Filing Fe	Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &

MAILING ADDRESS:

TO:

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

EMPIRE MOTORS LLC				
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)		
The Articles of Organization for this Limited I		/15/2015	and assig	med
Florida document number L15000118266	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name</u>	of the limited liability company h	<u>iere</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company." the	designation "LLC" or the abbrevi	ation "L.L.	C."
Enter new principal offices address, if appli	cable:		ಹ	SEV
Principal office address MUST BE A STRE.	ET ADDRESS)		MAY	<u> </u>
			29	- 92. [. - 92. [.
Enter new mailing address, if applicable:			AM 50	OF STA
Mailing address MAY BE A POST OFFICE	BOX)		22	
B. If amending the registered agent and	/or revistered office address o	n our records enter the	name of	f the no
registered agent and/or the new registered of		ii odi records, <u>enter vie</u>	nume of	the he
Name of New Registered Agent:				
New Registered Office Address:	5171 NW 159TH ST UNIT A			
	Enter Fle	orida street address		
	MIAMI GARDENS	, Florida <u>33014</u>		
	City	Z	ip 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 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
MRG	VIKTOR CORALIC	PO BOX 530551	
		MIAMI SHORES, FL 33153	□ Remove
		a	Change
MGR	EMANUEL BARDALES	PO BOX 530551	⊒ Add
		MIAMI SHORES, 33153	☐ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
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Note:	tive date, if other than the of Tective date inserted in this blo	ock does not meet the app	olicable statutory filing	(optional) e than 90 days after filing.) F requirements, this date w	fursuant to 605.02 iH not be listed :
docun	nent's effective date on the De	partment of State's reco	rds.		
If the re (b) The	cord specifies a delayed e 90th day after the reco	effective date, but ord is filed.	not an effective tir	ne, at 12:01 a.m. or	n the earlier
Dated	MAY 23	2018			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00