## L06000071731

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR 2 1 2008

**EXAMINER** 

COVER LETTER						
TO: Registration Sec Division of Corp	tion orations					
SUBJECT:	Empire Funding of America, LLC					
SUBJECT:	(Name of Limited Liability Company)					
The enclosed Articles of A	mendment and fee(s) are submitted for filing.					
Please return all correspon	dence concerning this matter to the following:					
	Christine Thompson (Name of Person)					
	(Name of Person)					
	Empire Funding of America, LLC (Firm/Company)					
	1129 Charles St.					
	(Address)					
	Clearwater FL 33755					
	(City/State and Zip Code)					
For further information co	ncerning this matter, please call:					
Christine TI (Name of						
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	0.		T POS
Empire F (Name of the Limited I	unding of America, LLC Liability Company as it now apper Florida Limited Liability Company	ears on our records.)	F STATE PORATIONS
The Articles of Organization for this Limited Lia Florida document number L06000071731	bility Company were filed on _	07/18/2006	_ and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company h	ere:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, enter the	name of the new
Name of New Registered Agent:	No change		
New Registered Office Address:	(	Enter Florida street addre	?ss)
	(City)	, Florida	(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.

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

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 = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
<del> </del>			Add Remove
			Add Remove
			Add Remove
<del></del>			Add
			Add Remove
D. If amer - - -	nding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary	SECRETAR DIVISION OF C OB APR 18
Dated	Signature of a memb	er or authorized representative of a member	LEO Y OF STATE CORPORATIONS PM 1: 07
	CHRISTINE Type	THOMPSON ed or printed name of signee	

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Filing Fee: \$25.00