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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name))
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D. BRUCE
APR 2 2 2010
EXAMINER

COVER LETTER

	istration Sec ision of Corp						
SUBJECT:		EMPIRE	ART	DIRECT, LL	-C		
SCHOLET.		Name of Limi	ited Liability (Company			
The enclosed	l Articles of A	mendment and fee(s) are sub	bmitted for fili	ng.			
Please return	all correspon	dence concerning this matter	to the follow	ing:			
		6	ARY	HELMAN			
				•.••			
		EMPIRE	AR7	DIREC	T, LLC		
				CIRCLE			
		WESTON	FL	33326		10 A	
		WESTON (OFRY DE) E-mail address: (0	City/State and PIRE to be used for fi	d Zip Code ART DIRECT ture annual report notific	com	O APR 21 PH 2: 09: STATE LLAHASSEE. FLORIDA	
For further is	nformation co	ncerning this matter, please c		·	·	PH 2	
61	nry +	- JELMAN	at (154, 317-27	195	PATE ORID	•
	Name of	Person		Area Code & Daytime	Telephone Number		•
Enclosed is a	check for the	following amount:					
\$25.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & ed Copy ional copy is enclosed)	Certified	e of Status &	×d)
	Registrat	IG ADDRESS: ion Section of Corporations 6327		STREET/COURIE Registration Section Division of Corporat Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RT DIRECT, LLC			
(Name of the Limited Liabili (A Florida	ty Company as it now appears on on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on <u>JULY</u> 199	25, 2007 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the w "L,L,C."	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	ORESS)			
		<u> </u>		
Enter new mailing address, if applicable:		APR 2		
(Mailing address MAY BE A POST OFFICE BOX)		SEC TO		
B. If amending the registered agent and/or regi		CORP. O		
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office addr e ss on our r <u>dress here</u> :	ecords, enter the name of the new		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Futor Fl	ovida streat address		
	Enter Florida street address			
· · · · · · · · · · · · · · · · · · ·	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 = ! MGRM :	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> 16rm</u>	GARY HELMAN	EMPIRE ART DIRECT, LLC 550 COCONUT CIRCLE WESTON FL 33326	Add Remove
MGR	GARY HELMAN	EMPIRE ART DIRECT, LLC 550 COCONT CIRCLE WESTON FL 33326	Add
 			Add Remove
			Add Remove
			Add Remove
	-		Add Remove
D. If am	ending any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			10 AP
			FILE APR 21 PM
Dated	Lang I		PH 2: 09
	/-/.	For authorized representative of a member FILMAN or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00