## L090000000762

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APR - 5 2013

T. HAMPTON

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

Empire Underwriters, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Urania Vargas

Name of Person

Empire Underwriters, LLC

Firm/Company

13851 W. Hillsborough Avenue

Address

Tampa, FL 33635

City/State and Zip Code

urania8008@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Urania Vargas

\_813\_44**8-930**0

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on of Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L0900000762</u> .	ny were filed on 01/02/2	and assigned SECRE LAFE
This amendment is submitted to amend the following:		-4 P
A. If amending name, enter the new name of the limited lia	ability company here:	PORATION 1: 3
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		borough Avenue
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ecords, enter the name of the new
Name of New Registered Agent:		1.12.4444
New Registered Office Address:	Enter Fi	lorida street address
	0.777718bp	, Florida
	Citv	Zip Code

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

Empire Underwriters, LLC

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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Robert Linero	13911 W. Hillsborough Avenue	Add
		Tampa, FL 33635	Remove
			Add
			Remove
<del></del>			PRILED FILED
			PHATE: 33
			Add
			<del>[</del> -]
			Add Remove
			Add
			Remove

. '	
ed April 1st	2013
	at the
	e of a member or authorized representative of a member
Urania Vargas	
	Typed or printed name of signee
	Dago 2 of 2

Page 3 of 3

Filing Fee: \$25.00

DIVISION OF CORPORATIONS