

LD9000000762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

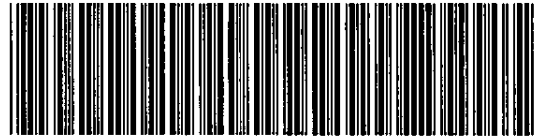
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/14--01009--007 **35.00

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14 JUN 25 09 27 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2014
S. YOUNG

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
9654 West Linebaugh Ave
Address
Tampa FL 33626
City/State and Zip Code
accounting@empireunderwriters.com
E-mail address: (to be used for future annual report notification)

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14 JAN 28 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Urania Vargas at **(813) 484-1254**
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2014

URANIA VARGAS
9684 WEST LINEBAUGH AVE
TAMPA, FL 33626

SUBJECT: EMPIRE UNDERWRITERS LLC
Ref. Number: W14000043707

We have received your document for EMPIRE UNDERWRITERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 614A00015289

FILED
14 JUN 25 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7-23-14

**Registration Section
Division of Corporations
P.O Box 6327
Tallahassee FL 32314**

Hello,

Attached you will find the corrected forms for the above corporation. An amendment request was sent back on 06-23-2014 and the incorrect forms were used.

I have included the copy of the cashed check so that the amendment can be processed.

Please contact me if you have questions.

Thank you,

Urania Vargas

FILED
14 JUN 25 PM 2:46
SECRET/NOT TO BE
DISSEMINATED OUTSIDE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Empire Underwriters LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01-05-2009 and assigned Florida document number L09000000762.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____

City

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Elizabeth Vargas	9654 West Linebaugh	<input type="checkbox"/> Add
		Tampa FL 33626	<input checked="" type="checkbox"/> Remove
		9654 West Linebaugh	
MGRM	Alejandro Gonzalez	Tampa FL 33626	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		9654 West Linebaugh	
MRGM	Greg Brittain	Tampa FL 33626	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

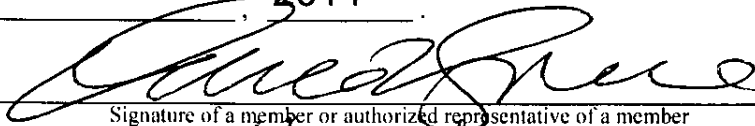
FILED
 JUL 25 2012
 TAMPA, FL
 CLERK OF COURT
 JUDICIAL DISTRICT 12
 COUNTY OF HILLSBORO

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 2014



Signature of a member or authorized representative of a member

Wanda Vargas

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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14 JUN 25 09 24 AC
SECRETARY OF STATE
TALLAHASSEE, FLORIDA