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SECRETARY OF STATE
TALL AHASSEC, FLORIDA

COVER LETTER

Division of Cor			
_{SUBJECT:} Empi	re Underwrite	rs LLC	
SUBJECT.		ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Urania Varg	as	
		Name of Person	
	Empire Und	erwriters LLC	
		Firm/Company	<u> </u>
	9654 West I	_inebaugh Ave	
		Address	
	Tampa FL 3	3626	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report	notification)
For further information co	oncerning this matter, please c	all:	
Urania Varg	gas	at (813) 484-	-1254
Name of	f Person	Area Code Day	rtime Telephone Number
Enclosed is a check for th	ne 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

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: 1 1 New Registered Office Address: Enter Florida street address Florida City 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

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u> Citle</u>	<u>Name</u>	Address	Type of Action
MRGM	Robert Linero	9654 West Linebaugh	Ave □ Add
		Tampa FL 33626	■ Remove
			Remove
			
		· ·	Remove
			SEERETARY TALLAHASSI
			O AMO
- 1 1			
<u> </u>			Add
			Remove

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The effective date in the date this document.	f other than the date of filing: (optional) nust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after tent is filed by the Florida Department of State)
The effective date in the date this document.	nust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the specific than 50 days after than 50 days
The effective date in the date this document.	nust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after tent is filed by the Florida Department of State)
(The effective date i	nust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the specific than 50 days after than 50 days

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SECRETARY OF STATE TALLAHASSEE, FLORIDA