## L09000000 762

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co					
	nderwriters, LLC				
SUBJECT:					
	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for tiling.			
	ondence concerning this matter	-			
	Urania Vargas				
		Name of Person			
	Empire Underwriters, LLC				
		Firm/Company			
	12191 West Linebaugh			( 13) 20 3 30 4	
		Address		، ان ان	
	Tampa FL 33626			. 29	
	urania8008@yahoo.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	E-mail address: (	to be used for future annual report no	tification)	်. ယ္. ` ≟:	
For further information of	concerning this matter, please c	all:		ř·1 ·	
Urania Vargas		813 4841254			
Name of Person		at () Area Code Daytin	me Telephone Number	<del></del>	
		•			
Enclosed is a check for the	he 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 Addres		Street Address:			
Registration S		Registration Se			
Division of C P.O. Box 632		Division of Co The Centre of	•		
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## 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 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: Urania Vargas, LLC The new name must be distinguishable and contain 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

## 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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