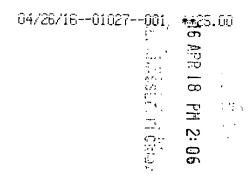
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# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: EMP	RE HOUSING Name of Limit	GROUP, LLC ted Liability Company	<u>.                                    </u>
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	JACQUES D	ELBERU- CHE	ARLES
	EMPIRE +	HOUSING GR	oup, LLC
	15757 Pm	NES BLVD # 6	223
	PEMBROKE	PINES FL City/State and Zip Code	33027
	JACQUES D (E-mail address: (1	O be used for future annual report	MAIL . COM
For further information c	oncerning this matter, please ca	all:	
JACQUES DO	ELBEAU-CHARI	LES at ( 786) 85: Area Code Day	3-1875 rtime Telephone Number
Enclosed is a check for t	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 HOUSING GR	OUP, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 oregistered agent and/or the new registered office address her	ffice address on our records, ente	-,
	_	APR I
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		PH
- -	Enter Florida street address	2: 06
<del></del>	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 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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MIRIAN DELBERU-CHARLE	15757 PINES BLVD #2 PEMBRONE PINES, FL 330	Add 223 27 <b>1</b> Remove
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(If an effective date Note: If the date	, if other than the de is listed, the date must be to inserted in this blocective date on the Dep	k does not me	et the applicat	oate or timing or	more than 90 daing requireme	(optional) ays after filing.) ats. this date v	Pursuant to vill not be l	605.0207 listed as t
	ecifies a delayed lay after the reco		ate, but not	an effective	time, at 1	2:01 a.m. c	n the ea	rlier of
The 90th d			2016					

Page 3 of 3

Filing Fee: \$25.00