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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE
DEC 4 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	rporations					
SUBJECT:	Empire	Global Group -				
	Name of Lim	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
		Shaliza Sharon Khan				
		Name of Person				
		Firm/Company."				
		8044 NW 10th Court				
		Address		SEC	09 (
		Plantation Fla 33322 City/State and Zip Code	·	NETAR AHASS	09 DEC -3	e inte
		haronkhan@cs.com to be used for future annual report notif	ication)			でににし
For further information	concerning this matter, please o	call:		OF STATE	AM III: 51	C
	CD	at (302-6194		33) 33)	
Name	of Person	Area Code & Daytim	e Telephone Number			
Enclosed is a check for t	the following amount:					
\$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	e of Status &)
Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Non-ofth-Vinital Vinital Vini	C. C	an an ann naonda	
(<u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on _	October 12, 2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	еге:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		; ;	09 DE
Enter new mailing address, if applicable:	 	3	A
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address the second	stered office address on dress here:	our records, enter B	
		-	
Name of New Registered Agent:	4		.,
New Registered Office Address:			
	, and the second se	Enter Florida street addr	ess
****	City	, Florida	Zip Code
	City		inp cour

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 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 Changing Registered Agent, Signature of New Registered Agent

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
MGMR	Shaliza Sharon Khan	8044 NW 10th Court Plantation Fla 33322	Add Remove
www.mandades.deldes.delaser.			Add Remove
			Add Remove
	······································		Add Remove
			Add Remove
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	OMEC-3 AM
			MH:58
Dated	November 21 , 20	09	
-	Sha	or authorized representative of a member diza Sharon Khan or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00