## L09000117731

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**EXAMINER** 

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: HIDALGO INVESTMENTS, 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:		
ALVARO HIDALGO (Name of Person)		
(Name of Person)		
(Firm/Company)	5ω <b>20</b>	
9050 NW 28TH STRET # 103	2010 JAN 22 SECRETAR TALLAHASS	7
(Address)	N 22	TIL CL
CORAL SPRINGS, FL 33065	PH OF PH	П
(City/State and Zip Code)	FLOOTH :	C
For further information concerning this matter, please call:	35 RIDA	
Sandra C. Hidalgo #1891,240-1994		
(Name of Person) (Area Code & Daytime Telephone Number	)	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	e of Status &	

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

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records. ted Liability Company)			
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/10/2009	and assigned		
Florida document number <u>L09000117731</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
NUEMPIRE ENTERPRISES, LLC				
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designation	on "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		ALL NOID		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	ARE A		
·		SSE 22		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		RIGINAL S		
[Mauring aduress MAT BE A POST OFFICE BOX]		<del>S</del>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the new		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
	(Enter Florida stree	(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 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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add 22
			MAN 22 Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	D: 35
			handrada.
			<del></del>
Dated 10	Ob, My Droug	SULICIANO	
•	1 · ·	or authorized representative of a member	
	+ Ivaco Hido	or printed name of signee	

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Filing Fee: \$25.00