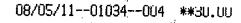
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D. BRUCE
AUG 0 8 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EMPIRE ASSOCIATES 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:
Shirley Charafardin Name of Person
EMPIRE ASSOCIATES LLC Firm/Company
6497 W 9 Avenue Address
HIOLEAN, FL 33012 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shirley Charafardin at (186) 338-1099 Name of Person at (186) 338-1099 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status Certified Conv

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	sociatés LLC	
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liab		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the designation "LLC" or the abbreviati	on
Enter new principal offices address, if applicab	le:	-
(Principal office address MUST BE A STREET	ADDRESS)	-
		-
	AH AH	
Enter new mailing address, if applicable:	AZ G	Ĺ
(Mailing address MAY BE A POST OFFICE BO		-
		-
D. If amonding the registered agent and/or	registered office address on our records, enter the name of the name	011
registered agent and/or the new registered office	tegistered office address on our records, enter the harron the in	<u>. **</u>
Name of New Registered Agent:		-
New Registered Office Address:		-
	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 = Manager

MGRM = Managing Member **Type of Action Title** Name <u>Address</u> Johanna Allen Add Remove ☐ Add ☐ Remove ∏Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated <u>August</u> 4th, <u>sont</u>.

<u>Alculing Chana Landin</u>

Signature of a member or authorized representative of a member SHIRLEY CHARAFARDIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00