

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000131775 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

L. SELLERS

From:

ACCOURT Name : EMPIRE CORPORATE KIT COMPANY

JUN - 8 2010

Account Number : 072450003255

Fax Number

: (305)634-3694 : (305)633-9696 **EXAMINER**

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Address: | _ | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|----------|
| | Address: |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AD-VERT 1 LLC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | i |
| Page Count | 03 |
| Estimated Charge | \$55.00 |

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

6/7/2010

87:91 010Z/Z0/90 9696889908

EMPIRE CORP KIT

HIO 000131775

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | RITULL | | |
|--|---|--|----------------------------|---------------------|
| (Na) | me of the Limited Lighlity Com (A Plorida Limite | pany as it now appears d Liability Company) | on our records.) | |
| The Articles of Organization f | or this Limited Liability Compa | ny were filed on | 05/12/2010 | and assigned |
| Florida document number | L10000051132 | | | |
| This amendment is submitted | to amend the following: | | | |
| A. If amending name, <u>enter</u> | the new name of the limited li | ability company here | į : | |
| The new name must be distingui "L.L.C." | shable and end with the words "Li | mited Liability Compa | ny," the designation "LLC" | or the abbreviation |
| Enter new principal offices a | oddress, if applicable: | | | |
| (Principal office address MU. | ST BE A STREET ADDRESS) | | | |
| Enter new mailing address, i | if applicable: | | | |
| (Mailing address MAY BE A | •• | | | |
| B. If amending the registe | ered agent and/or registered | office address on o | ur records, enter the | same of the new |
| regizieren agent anti/or tre r | new registered office address h | <u>lere</u> : | | E SE |
| Name of New Regist | tered Agent: | · · · · · · · · · · · · · · · · · · · | | |
| New Registered Offi | ce Address: | · | <u> </u> | 7 A B |
| | | Ent | er Florida street address | |
| | | City | , Florida Z | in CAPET : |
| New Replatured Agent's Signal | ture, if changing Registered Age | | _ | 50 S |

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 affice 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

Page 1 of 2

410000131775

410000131775

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

| Title | Name | Address | Type of Action | | | | |
|-------------|-------------------------------------|--|-------------------|--|--|--|--|
| MGRM | MISHKIN, JOSEPH | 2307 WAHINGTON ST HOLLYWOOD, FL 33313 | Add Remove | | | | |
| | | | Add Remove | | | | |
| | | | Add . Remove . | | | | |
| | | | Add Remove | | | | |
| | | | Add Remove | | | | |
| | | | Add Remove | | | | |
| D. If amend | ding any other information, enter c | hange(s) here: (Attach additional sheets, if necessary.) | | | | | |
| | | | - | | | | |
| <u> </u> | | | | | | | |
| Dated | Jen | ember or authorized representative of a member | ····· | | | | |
| | | GLEN MEHLMAN | | | | | |
| | Typed or printed name of signee | | | | | | |

Page 2 of 2

Filing Fee: \$25.00

H10000131775