

40000078221

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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MAY 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empire Services of Central Florida
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:

Therasa Jensen
Name of Person

DBA: The New Grove Lounge
Firm/Company

5909 Forest Ridge Dr.
Address

Winter Haven, FL 33881
City/State and Zip Code

pdjensen@ammba.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Therasa Jensen at (813) 280-8006
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Services of Central Florida

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/26/10 and assigned Florida document number L10000078221.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

5909 Forest Ridge Dr.
Winter Haven, FL 33881

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DIVISION OF CORPORATIONS
10 MAY 14 AM 10:46

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Therasa M. Jensen

New Registered Office Address:

28390 Hwy 27

Enter Florida street address

Duval

City

Florida

33838

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.

Therasa M. Jensen

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KAREN J. HAMLIN	1207 PALM BLUFF DR.	<input type="checkbox"/> Add
		APOKA, FLA. 32712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL W. HAMLIN	1207 PALM BLUFF DR.	<input type="checkbox"/> Add
		APOKA, FLA. 32712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paul Jensen	5909 Forest Ridge Dr	<input checked="" type="checkbox"/> Add
		Winter Haven, FL 33881	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Therese Jensen	5909 Forest Ridge Dr.	<input checked="" type="checkbox"/> Add
		Winter Haven, FL 33881	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SOLD EMPIRE SERVICES OF CENTRAL FLORIDA, LLC.
TO PAUL & THERESA JENSEN ON 5/8/18.
Theresa M. Jensen
Paul Jensen

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DIVISION OF CORPORATIONS
18 MAY 14 AM 10:06

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 5/9/18, _____.

Theresa M. Jensen

Signature of a member or authorized representative of a member

Theresa M. Jensen

Typed or printed name of signee