## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone fax Number

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

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

Email	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAC FINANCE LLC

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9/27/2012

C. LEWIS

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EMPIRE CORP KIT

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## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION OF

FILED
SECRETARY OF STATE
DIVISION CORPORATIONS 2012 SEP 27 AM 8: 33

(Name of the Limited	CAC Fina Liability Compa- Florida Limited L	nce LLC ny as it now appear liability Company)	on our records.)	<del></del>	
The Articles of Organization for this Limited Li Florida document number <u>L10000111</u>		were filed on	10/25/2010	and assigned	
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<b>e</b> : .		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Compr	my," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	Miguel Albert				
(Principal office address MUST BE A STREE	3659 South Misml, Avenue Suite, 6001				
		Miami, FL 33	133		
was a second to the second to		Miguel Albert			
Enter new mailing address, if applicable:	3659 South Miami, Avenue Sulte, 6001				
(Mailing address MAY BE A POST OFFICE	Miami, FL 33133				
B. If amending the registered agent and/ registered agent and/or the new registered of Name of Naw Registered Agent:		<u>te</u> :	our records, enter t	he name of the new	
	2 Street				
New Registered Office Address:	Enter Florida street address				
		Hialeah	, Florida	33012	
	<del></del>	City	1	Zip Code	
New Registered Agent's Signature, if changing	Registered Ausna	1			

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

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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 Address Type of Action <u>Title</u> Name MGR Ruben Espinosa 2301 NW 7th Street, Suite B Remove Miami, FL 33125 ☐ Add Remove 🇂 Add Remove ] Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.) September 19 Dated . Signature of a member or authorized representative of a member

Typed or printed name of signes

Page 2 of 2

Miguel Albert

Filing Fee: \$25.00