

L11000024583

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FEB 22 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHARLOT EMPIRE TRUCKING & DELIVERY SERVICES 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:

ALBALUCIA FOLEY

Name of Person

FOLEY FORENSIC ACCOUNTING LLC

Firm/Company

3960 RADIO RD STE 202

Address

NAPLES FL 34104

City/State and Zip Code

info@foleyforensicaccg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBALUCIA FOLEY

239 300 6660

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHARLOT EMPIRE TRUCK & DELIVERY SERVICE LLC

(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 FLORIDA and assigned Florida document number L11000024583.

This amendment is submitted to amend the following:

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

EMPIRE DELIVERY & DESIGN LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1591 WILSON BLVS N

(Principal office address MUST BE A STREET ADDRESS)

NAPLES FL 34120

Enter new mailing address, if applicable:

P O BOX 9990773

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES FL 34116

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:

FOLEY FORENSIC ACCOUNTING LLC

New Registered Office Address:

3960 RADIO RD STE 202

Enter Florida street address

NAPLES

City

Florida

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.



Foley Forensic Accounting

If Changing Registered Agent, Signature of New Registered Agent

www.foleyforensicaccg.com

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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	CHARLOT, ALAIN	1043 CHENET AVE S	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES FL 33974	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MELVIN HICKS	2467 GRAND AVE	<input checked="" type="checkbox"/> Add
		FT MYERS FL 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" 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

Alain Charlot

Melvin Hicks

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 TALLAHASSEE, FLORIDA

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

WE ARE UPDATING THE BUSINESS NAME TO EMPIRE DELIVERY & DESING LLC

THE NEW OWNERS-MANAGERS ARE:

ALAIN CHARLOT AND MELVIN HICKS

CHA & KH.

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E. Effective date, if other than the date of filing: 02/16/2016 (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 16 OF FEBRUARY, 2017

Alain Charlot

Albalucia Foley

Signature of a member or authorized representative of a member

ALAIN CHARLOT

ALBALUCIA FOLEY
REGISTERED AGENT

Typed or printed name of signee