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MAR 18 2011

EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of C	Section Corporations			
SUBJI	ест:	Empire P	uto S¢ me of Limit	Ports LLC led Liability Company	
The en	closed Articles	of Amendment and fe	e(s) are sub	mitted for filing.	
Please	return all corre	spondence concerning	this matter	to the following:	
				Name of Person Markering Soluti Firm/Company	
		5977	Cur	ry Ford rd. 4 Address FL 32822 City/State and Zip Code	¥377
				City/State and Zip Code	-11 -
		E-ma	oempi	ire Marketing @ 9 o be used for future annual report notifica	ition)
For fur	her informatio	n concerning this matt	er, please ca	all:	
<u>_</u> }	WAY Ne Nam	Smitz e of Person		at (407) 218-21 Area Code & Daytime	55 Telephone Number
Enclose	ed is a check fo	r the following amoun	t:		
\$25	00 Filing Fee	\$30.00 Filing Certificate of		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	X	H ING ADDDEG			

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 Hut	rosports		-	ká lá	
(Name of the Limited Liabilit (A Florida	ty Company as it n Limited Liability (ow appears of Company)	our records.)		
			. 1		S 1
The Articles of Organization for this Limited Liability		ed on	28 11	and	assigned
Florida document number L 1\0000 25127	<u>L</u> .			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	計 []]]
This amendment is submitted to amend the following:					11.5
A. If amending name, enter the new name of the lin	nited liability con	nany here:		i · · · ·	
				_	
The new name must be distinguishable and end with the wo	ords Limited Liabi	lity Company	the designation	n "LLC" or tl	ne abbreviatio
"L.L.C."	ords Emited Emor	nty Company,	the designation	n EEC or u	ie dobieviduo
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADD	DECC)				
Frincipia office address MOST BE A STREET ADD.	KESSI			•	
					<u></u>
Enter new mailing address, if applicable:	<u></u>				
(Mailing address MAY BE A POST OFFICE BOX)					
D. If amonding the undersal areas and sould are	-41 - CC1.1			41	£ 41
B. If amending the registered agent and/or registered agent and/or the new registered office add		ress on our	records, ente	r the name	of the nev
				SEC	=
Name of New Registered Agent:				ARE:	E T
Name of New Registered rigent.	•			- ₹ ₹	O
New Registered Office Address:				<u>,,,mo</u>	- M
		Enter 1	Florida street d	iaar <u>es</u> m	
			, Florida		<u> </u>
	City			₽ ₽ър Ct	ul e

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

<u>Title</u> <u>Name</u> Address MGR LAVIA, STACEY ☐ Remove ☐ Add Remove Add-Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) New Business purpose: Sales and fulfillment of Various marketing products and Services 03 2011 Dated DWAYR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00