Florida Department of State

Division of Corporations 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 ; (305)634-3694

; (305)633-9696 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN W DELGADO LLC

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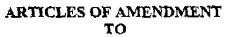
T. BROWN

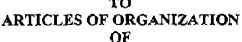
https://etile.sunbiz.org/scripts/efilcovr.exe

EMPIRE CORP

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_	W DELGAD			
(Name of the Limited	Liability Compan Florida Climited C	v as it now ap ability Compa	ny)	
The Articles of Organization for this Limited Li Florida document number L12000025909	ability Company	•		Stoned TI
This amendment is submitted to amend the folio	owing:		SELVE	至门
A. If amending name, enter the new mane of	the limited liabi	lity countainy	cheru:	ထဲ
WILLIAM C D	ELGADO LL	.C	RAP	8: 32
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ed Liability Co	ompany," the designation "LLC" on the	abbreviation
Enter new principal offices address, if applicable:		140 S. D	DIXIE HWY # 633	
(Principal office address MUST BE A STREE	T.ADDRESS)	HOLLYV	NOOD, FL 33020	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			DIXIE HWY # 633 WOOD, FL 33020	
B. If amending the registered agent and/or the new registered of			on our records, enter the name	of the new
Name of New Registered Agent:				
New Registered Office Address:	140 S. DIX	(IE HWY:	# 633	
Gen barting 25 Shire trumps.			Enter Florida street address	
	HOLLYWO	OOD	Florida 33020	

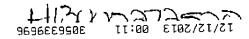
New Registered Agent's Signature, if changing Registered Agent:

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 nutified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

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Zin Code

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:

MCRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Add		
			Remove		
			Add		
			Remoove		
			Add		
			Remove		
-			Add		
			Remove		
			_		
			Add		
			Remove		

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MGR = Manager

D. If amending any other information, onter change(s) here: (Attach additional sheets, if necessary.)
DECEMBER 11TH 2013
Willer Debr
Signature of Imember or authorized topresentative of a member
WILLIAM DELGADO
Typed or printed name of signee
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Filing Fee: \$25.00

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