

L12000046295

Florida Department of State
Division of Corporations
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To: Division of Corporations
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CORE HEALTH GROUP LLC

Certificate of Status	0
Certified Copy	1
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B. BOSTICK

APR 18 2013

EXAMINER

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Tony Burroughs
DATE	2013-04-17 07:16:06 PDT
RE	FL SOS - LZ Order 506406660

COVER MESSAGE

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TALLAHASSEE, FLORIDA**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORE HEALTH GROUP 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:

Imelda Vasquez

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

04/16/2013

(Address)

Glendale, CA 91210

(City/State and Zip Code)

For further information concerning this matter, please call:

Imelda Vasquez

(Name of Person)

at (323) 962-8600 ext 7950

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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

Apr 10 10:00a

LE CERCIS

954-537-5373

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

CORE HEALTH GROUP LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 04/04/2012 and assigned
Florida document number L12000046295.

This amendment is submitted to amend the following:

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

Empire Jewelry & Loan LLC

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

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: _____New Registered Office Address: _____

(Enter Florida street address)

_____, Florida _____
(City) (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 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)

Apr 10 10:00a Le Cerdia

954-537-5373

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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

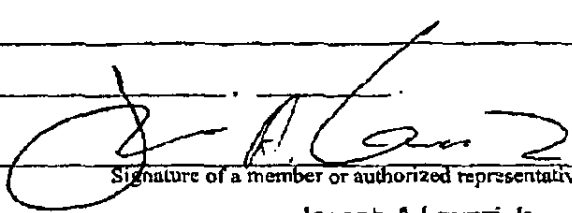
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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Dated 04/16/2013


Signature of a member or authorized representative of a member

Joseph A Leuzzi Jr
Typed or printed name of signer