56773° inf Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H13000234569 3)))



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To:

Division of Corporations

Fax Number : (950)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

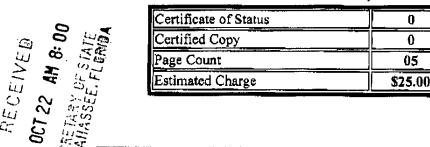
Account Number: 072450003255

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. **

Rmail Address:	
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05

T. HAMPTON

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

EMPIRE CORP

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COVER LETTER

413000034569

TO:	Registration Section Division of Corporations CT: Registration Section Registration Section Division of Corporations To perfect I	
subye		
	Name of Limited Liability Co	mpany

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Max A. ADAMS ESQ.
Name of Person
The Medilaw Film
Finu/Company
305 Ameria Avenue
Address
Coral Gables & 33134 City/State and Zip Code
City/State and Zip Code
ansie @ the medila whom. com
E-mail address: (10 be used for future annual report notification)

For further information concerning this matter, please call:

Angela M. Percz at 305, 444-3484

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.08 Filing Fee & Certificate of Status

D\$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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ARTIC	CLES OF AMENDMENT	
	то	TAS 23
ARTIC	LES OF ORGANIZATION	
	ÓF	2013 OCT SECRET
		TARY TASS
CASBE \	Imperties I, UC	rij "S
(Name of the Limited Lin (A Fi	ability Company as it now appears on our records.) orida Limited Liability Company)	9
The Articles of Organization for this Limited Liebs Florida document number 420005	ility Company were filed an 4/36/13	and assigned S
		
This amendment is submitted to amend the followi	ino [,]	
i ing dinamingin 12 abotataon to binamin ing tohow	····6·	
4. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the L.L.C."	te words "Limited Liability Company," the designation "	LC" or the abbreviatio
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:	-	
<u>Mailine address MAY BB A POST OFFICE BO</u>	<u> </u>	
3. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter 1</u> <u>a address here</u> :	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
***************************************	Enter Plorida street add	ress
	. 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

Page 1 of 3

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

Title	Name	Address	Type of Action
MGRM	Ivan Castellow	· · · · · · · · · · · · · · · · · · ·	Add
		Miami 1 FL 33176	Remove
M <u>GRM</u>	ELSA CASTELLON	11320 SW LOJ Avenue	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
		Miani, 92-33176	Remove
			Add
	•		Remove
			Add
			Remove
			FIL 013 OCL 22 SECULASI
		<u> </u>	Z013 OCT 22 WW 7:1
			— ∰ 4 44
			Remove
			<u> </u>

Page 2 of 3

D. Kai	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	000345G
		-
Dated _	Ocnore 22 2013.	•
	Signature of a member or authorized representative of a member	·
	Typed or printed name of signee	_
	Page 3 of 3	

Filing Fee: \$25.00

FILED
2013 DCT 22 AM 7: 57
SECRETARY OF STATE