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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

Fax Number

: (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. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FEB 26

STAIN, LLC Certificate of Status Certified Copy age Count 04 Estimated Charge \$25.00

C. LEWIS FEB 2 7 2013

EXAMINER

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EMPIRE CORP



COVER LETTER

TO:

Registration Section Division of Corporations

STA

STAIN, 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:

Gryska Sotolongo

Name of Person

Thomas G. Sherman, P.A.

Pirm/Company

90 Almeria Ave.

Address

Coral Gables, FL 33134

City/State and Zip Code

Gryska@uniontitleservices.com

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

For further information concerning this matter, please call:

Gryska Sotolongo

,,305 <u>,</u>44**8-5898**

Name of Person

Arca Codo & 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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

H13000045040.



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2813 FEB 26 AM 8: 46

STAIN, LLC, a Florida Limited Li	ability Company		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our led Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp. Florida document number L12000079896			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the d	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2127 Brickell Ave.	, Unit # 3404	
(Principal office address MUST BE A STREET ADDRES	Miami, FL 33129		
W	2127 Brickell Ave	OUA.	
Enter new mailing address, if applicable:	Unit # 3404		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33129		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		rds, enter the name of the new	
New Registered Office Address:			
	Enter Florid	Enter Florida street address	
		Florida Zip Code	
	•	Zip Code	
New Registered Agent's Signature, If changing Registered Ag	<u>renti</u>		
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and accept the abligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	omplete performance of my du as provided for in Chapter 60	ties, and I am familiar with and 8. F.S. Or. if this document is	
u	Changing Registered Agent, Signatu	re of New Registered Agent	
Pa	ge 1 of 3		

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EMPIRE CORP

SECRETARY OF STATE

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:

MGRM = Managing Member Type of Action Title Name <u>Address</u> Federico Citoni 2127 Brickell Ave **MGRM** Unit # 3404 Miami, FL 33129 Eight Nani, LLC 2127 Brickell Ave **MGRM** Unit #801 Remove Miami, FL 33129 Remove Remove Remove Remove

Page 2 of 3

MGR = Manager



O. If amending any other information, enter t	change(s) here: (Attach additional sheets, if necessary.)
paled teleración 2001/	2013
3 29/	· · · · · · · · · · · · · · · · · · ·
	ember or authorized representative of a member
Thomas G. Sherman, es	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
STORE OF CORPORATION
OF THE STATE OF S