

#L12000107581

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13 FEB 21 PM 4:15  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIF.

K. SALY  
EXAMINER  
FEB 22 2013

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EMPACO V CA 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:

**ARTURO NIETO**

Name of Person

**EMPACO V CA LLC**

Firm/Company

**8851 NW 112 AVE #218**

Address

**MEDLEY , FL, 33178**

City/State and Zip Code

**sm76inc@yahoo.com**

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

For further information concerning this matter, please call:

**Arturo Nieto**

Name of Person

**954 213 41 97**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

**EMPACO V CA LLC**

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

FILED  
13 FEB 21 PM 4:15  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/21/2012 and assigned Florida document number L12000107581.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

2700 CORAL SPRINGS DRIVE #104  
CORAL SPRINGS, FL, 33065

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

2700 CORAL SPRINGS DRIVE #104  
CORAL SPRINGS, FL, 33065

**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:	<u>MARIELA OLIVEROS</u>
New Registered Office Address:	<u>2700 CORAL SPRINGS DRIVE #104 33065</u>
	<i>Enter Florida street address</i>
	<u>CORAL SPRINGS</u> , <u>Florida</u> <u>33065</u>
	<i>City Zip Code</i>

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	JULIO CESAR OLIVEROS	8851 NW 112 AVE #218 DORAL , FL, 33178	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	ARTURO NIETO	8851 NW 112 AVE #218, DORAL , FL , 33178	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	JULIO C OLIVEROS		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	JULIO OLIVEROS		<input type="checkbox"/> Add
			<input checked="" 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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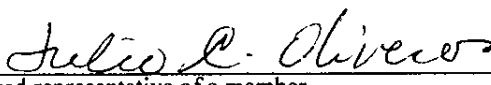
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Dated \_\_\_\_\_, \_\_\_\_\_.

   
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**ARTURO NIETO AND JULIO CESAR OLIVEROS**  
\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**