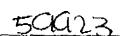
## Division of Conorations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOCKEY PH-C, LLC

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## OVER LETTER H130000

TO:

Registration Section
Division of Corporations

JOCKEY PH-C, 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:

STEFANO CIOFFI

Name of Person

Firm/Company

20 ISLAND AVENUE, APT 406

Address

MIAMI, FL 33139

City State and Zip Code

stefano.cioffi@hotmail.com

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

For further information concerning this matter, please call:

STEFANO CIOFFI

786 548-6503

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

CIS30.00 Filing Fee & Certificate of Status

O\$55.00 Fiting Fee & Certifled Copy
(additional copy is enclosed)

O\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassea, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301

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PAGE 02/05

EMPIRE CORP

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOCKEY PH-C, LLC			
(Name of the Limited Liability C (A Florida Lic	ompany as it now appears on our record nited Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 03/05/2013	and assigned	
Florida document number L13000033746	v		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words	s "Limited Liability Company," the designa	tion "LLC" or the abbreviation	
"LLC."		201 571 571	
Enter new principal offices address, if applicable:		2013 <b>HAR</b>	
(Principal office address MUST BE A STREET ADDRE	(22:	<u></u>	
		52. N	
		THE REPORT OF	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	_	22	
		रू खुरा	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		inter the name of the new	
Name of New Registered Agent			
New Registered Office Address:			
	Enter Florida stree: 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 abligations 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 fitle, name, and address of each Manager or Managing Member being added or removed from our records:

Title Name Address Type of Action ANTONIO CIOFFI 20 ISLAND AVENUE MGRM **APT 406 √** Remove MIAMI, FL 33139

Page 2 of 3

MCR = Manager

MGRM = Managing Member

D. Uam	ending any other information, enter change(s) here: (Anach additional sheets, if necessary,	}
		<del>-</del>
		- <del>-</del>
Dated _	03/11/2013	
	Signature of member or authorized representative of a member	
	STEFANO CIOFFI	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00

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