L13000065165			
(Requestor's Name) (Address) (Address)	900377033619		
(City/State/Zip/Phone #)	11/24/2101013029 **25.00		
(Business Entity Name)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: Q. SILAS DEC 10 2021	SECRETATION OF STATE		
Office Use Only			

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LAW OFFICES



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## MATTHIAS & MATTHIAS. PL<sup>.</sup>

RUSSELE H. MAITHIAS (1906-1982) Robert C. Matthias Richard R. Matthias

November 17, 2021

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Empire Lane, LLC

Dear Sir/Madam,

Attached, please find the form to amend the Articles of Organization of Empire Lane, LLC, a Florida

Limited Liability Company. If you have any questions or concerns, please feel free to contact our office at

(407) 691-3300.

Kind Regards,

Richard R. Matthias, Esq.

Enclosures

MATTHIAS & MATTHIAS, PL, ATTORNEYS AND COUNSHORS AT LAW, 700 W. MORSE BLVD., SUITE 201, WINTER PARK, FLORIDA 32789

### **COVER LETTER**

#### TO: Registration Section Division of Corporations

,

Empire Lane, LLC SUBJECT:

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:

Richard R. Matthias, Esq.

Name of Person

Matthias & Matthias, PL

Firm/Company

700 West Morse Blvd., Suite 201

Address

Winter Park, Florida 32789

City/State and Zip Code

info@matthiaspw.com

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

For further information concerning this matter, please call:

 Dana Schaal
 407
 691-3300

 Name of Person

 Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

FUED

	O	)F	2021 NOV 24 PH 3:48
Empire Lane, LLC			SECRETARY CE STATE
( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	TREE STORE
The Articles of Organization for this Limited I	_iability Company	were filed on	and assigned
Florida document number L13000065165			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		36 South Ashby Avenue	
		Livingston, New Jersey 07039	
			<u></u>
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		36 South Ashby Avenue	
		Livingston, New Jersey 07039	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : <u>ess here</u> :	address on ou <mark>r rec</mark> ords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	

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 605, 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.

City

, Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Constantine Sedereas	11 Nina Place	🖸 Add
		Randolph, New Jersey 07869	🖹 Remove
			□Change
MGR	Katie Agriantonis	36 South Ashby Avenue	€Add
		Livingston. New Jersey 07039	🗆 Remove
			□Change
MGR	Marlena Karipidis	3 Alcott Way	🗐 Add
		Succasunna, New Jersey 07876	🗆 Remove
			□Change
			🖾 Add
			🗆 Remove
			□Change
			🖸 Add
			Change
			🗆 Add
			□Remove
			Change

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

N/A				
_				
<u> </u>				
<b></b>				
<u></u>				
		. <del>1</del>		
Effective date, if other than the date of an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to c c does not meet the applicable	date of filing or more than 90 e e statutory filing requirem	_ (optional) days after filing.) Pursuant to 605 ents. this date will not be liste	.0207 ( ed as t
record specifies a delayed effective d d is filed.				r the
Dated Nevember 17	<u>, 3031</u>			
Value Accomber 17 Kay E Aque Kay E Agrian	gature of a member or authoriz	ed representative of a memb	۲.	
Kay E Agrian	tonis			
	Typed or printed r	name of signee		