

L1300028611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

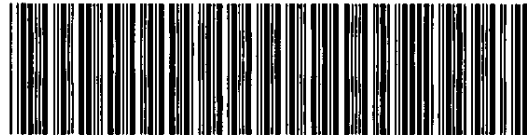
(Business Entity Name)

(Document Number)

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2014 JUL 14 P 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUL 14 2014  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **EMPIRE GLASS AND TILE 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:

**MARCELA GARCIA**

Name of Person

**EMPIRE GLASS AND TILE LLC**

Firm/Company

**6679 1ST STREET**

Address

**JUPITER FL 33458**

City/State and Zip Code

**USATAXESFL@YAHOO.COM**

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

For further information concerning this matter, please call:

**MARCELA GARCIA**

Name of Person

at **561 222-5488**

Area Code

Daytime Telephone Number

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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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

EMPIRE GLASS AND TILE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/11/2013 and assigned  
Florida document number L13000128611.

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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

MARCELA GARCIA

New Registered Office Address:

6679 1ST STREET

Enter Florida street address

JUPITER

City

, Florida 33458

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 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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NORMANDO GOMEZ	6679 1ST STREET	<input type="checkbox"/> Add
		JUPITER FL 33458	<input checked="" type="checkbox"/> Remove
MGRM	MARCELA GARCIA	6679 1ST STREET	<input type="checkbox"/> Add
		JUPITER FL 33458	<input checked="" type="checkbox"/> Remove
AMBR	MARCELA GARCIA	6679 1ST STREET	<input checked="" type="checkbox"/> Add
		JUPITER FL 33458	<input type="checkbox"/> Remove
MGR	NORMANDO GOMEZ	6679 1ST STREET	<input checked="" type="checkbox"/> Add
		JUPITER FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

MRS. MARCELA GARCIA GETS 80% OF SHARES

MR. NORMANDO GOMEZ GETS 20% OF SHARES

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

07/10/14

2014

Signature of a member or authorized representative of a member

MARCELA GARCIA

Typed or printed name of signee

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Filing Fee: \$25.00

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