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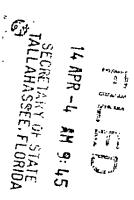
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4. Citavers APR 0 8 2014

COVER LETTER

TO: Registration Section
Division of Corporations

Fort Lauderdale Executive Office Suites, 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:

Thomas Fallarino

Name of Person

Fort Lauderdale Executive Office Suites, LLC

Firm/Company

110 SE 6th Street, Suite 1700

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

tfallarino@empirelegalsupport.com

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

For further information concerning this matter, please call:

Thomas Fallarino

ູ, 954 ຸ 241-1022

Name of Person

Area Code

Davtime 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Fort Lauderdale Executive Office Suites, LLC

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

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000008767</u>	were filed on January 16, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Empire Executive Offices, LLC		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	•	atter '
		A A
		APR
Enter new mailing address, if applicable:		82 -
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u>m-<</u>
		75 3 11
B. If amending the registered agent and/or registered of		S: L
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>ent</u> :	ter The name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	, Fiorida City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a rovided for in Chapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□ Remove
			□ Add
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			□ Remove
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			□ Add □ Remove
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i amending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
ffective date, if other than the date of filing the effective date must be specific, cannot be prior to date the date this document is filed by the Florida Departmen	e of receipt or filed date and cannot be more than 90 days after
ated April, 1	2014
Talli	·
<u>-</u>	nember or authorized representative of a member
Thomas Fallarino	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

