

L14000050204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 APR 14 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gumpson APR 16 2014

Re: #L14000050204

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 305 Empire Network, 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:

Sarahyd Rodriguez
Name of Person
305 Empire Network, LLC.
Firm/Company
1045 SW 147 AVE
Address
Miami FL 33194
City/State and Zip Code
30509empire@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarahyd Rodriguez at 786 663-9644
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee &
Certificate of Status
Florida Department
of State

☐ \$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

#L14000050204

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2014 APR 14 PM 12:02

305 OG Empire, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 26, 2014 and assigned
Florida document number L14000050204

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

305 Empire Network, LLC

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)

1045 SW 147 AVE
Miami FL 33194

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

New Registered Office Address:

Sarahyd Rodriguez
1045 SW 147 AVE
Enter Florida street address
Miami, Florida 33194
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 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

L14000050204

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>
MGR	Sarah Rodriguez	1045 SW 147th Ave	<input checked="" type="checkbox"/> Add
	Sarah Rodriguez	MIAMI FL. 33194	<input type="checkbox"/> Remove
AMBR	Janiel Rodriguez	1045 SW 147th Ave	<input checked="" type="checkbox"/> Add
	Janet	Miami FL. 33194	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

L14000050204

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

Sales and Distribution of Organic
Coffee and Health products

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)

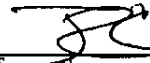
Dated April 8, 2014.



Sarah Rodriguez

Signature of a member or authorized representative of a member

Typed or printed name of signee



Daniel Rodriguez

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA