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SECRETARY OF STATE
DIVISION OF CORPORATION

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## **COVER LETTER**

Division of Co	rporations		
empure. Emp	ire Insurance Ne	tworks [[C	
SUBJECT:			
	Will W. Lin	aco Claumity Company	
The enclosed Articles of	Amendment and feets) are sub	omitted for filling	
Please return all correspond	ondence concerning this matter	to the following	
	Rafael Rolda	an	
or further information ex Rafael Name of		Name of Person	
	Empire Insurance Networks LLC  Name of Limited Liability Company  ed Articles of Amendment and feets) are submitted for filing  mail correspondence concerning this matter to the following  Rafael Roldan  Name of Person  Empire Insurance Networks LLC  Funn Company  81 Bombay Ave  Address  Winter Springs, F1. 32708  Cay State and Zip Code  rafy.mlb@gmail.com  E-mail address (to be used for filture annual report notification)  information concerning this matter, please call  Rafael Roldan  Name of Person  a check for the following amount  Filing Fee  \$30.00 Filing Fee & \$555.00 Filing Fee & \$60.00 Certified Copy  Cert		
		Firm Company	
	81 Bombay Av		
		Address	
	Winter Sprin	gs, Fl. 32708	
		Name of Limited Liability Company  rets) are submitted for filing  this matter to the following  L Roldan  Name of Person  Firm Company  head Address  Springs, F1. 32708  City State and Zip Code  halb@gmail.com  and address (to be used for filting annual report notification)  et, please call  at (787) 313-4011  Area Code  Daytime Telephone flumber  of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (certified Copy  (additional copy is enclosed)  Certified Copy  (Certified Copy  (Certified Copy)  (Certified Copy)	
	rafy.mlb@gma	il.com	
			fication)
For further information e	oncerning this matter, please c	all	
		a:( <u>787</u> ) <u>313</u> -40	011
Name o	f Person	Area Code Daytinis	: Telephone Number
linclosed is a check for the	ne following amount		
□ \$25 00 Filing Fee		Certified Copy	Certificate of Status &

MAHING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ecords.)	ce Networks, LLC any as it now appears on our re Liability Company)	Empire Insuran (Name of the Limited Liability Comp (A Florida Limited
26, 2015 and assigned	y were filed on <u>June</u>	The Articles of Organization for this Limited Liability Company
		forida document numberL13000111342
		his amendment is submitted to amend the following:
	bility company here:	. If amending name, enter the new name of the limited liab
"LLC" or the abbreviation "L.L.C."	ility Company," the designation	he new name must be distinguishable and contain the words "Limited Liab
<sup>7</sup> e <b>5</b> €.	81 Bombay Av	nter new principal offices address, if applicable:
igs SECR	Winter Sprin	Principal office address MUST BE A STREET ADDRESS)
)8 유지도	Florida 3270	
7 COFFEE		
re ¥ Pog	81 Bombay Av	nter new mailing address, if applicable:
2: 3 2: 3	Winter Sprin	Mailing address MAY BE A POST OFFICE BOX)
98	Florida 3270	
eords, enter the name of the new	office address on our rec e:	. If amending the registered agent and/or registered or egistered agent and/or the new registered office address her
	Roldan	Name of New Registered Agent: Rafael
	ibay Ave	New Registered Office Address: 81 Bom
ddress	Enter Florida street ac	
. Florida <u>32708</u> Zip Code	Springs Cin	Winter
"LLC" or the abbreviation "L.L.C."  Ye	bility company here:  ### Springs  ### Bombay Av  ### Winter Sprin  ### Florida 3270  #### Bombay Av  ### Winter Sprin  ### Florida 3270  ###################################	his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liab the new name must be distinguishable and contain the words "Limited Liab inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered orgistered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:  Rafae I  New Registered Office Address:  81 Bom

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rafael Roldan	81 Bombay Ave	Ø Add
		Winter Springs, Fl 32708	□ Remove
			Change
MGR	<u> Ivelisse Santiago</u>	413 Short Dr	Add
		Kissimmee, Fl 34759	⊠ Remove
			☐ Change
			□ Add
			Remove
			Change
		<del></del>	
			□ Remove
			Change
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