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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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TO:	Registration Se Division of Cor		•	
CL/D /	EMPIRE H	DEG, LLC		, *
SUBJ	ЕСТ:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		MARIE CHRISTINE PFI	STER	
			Name of Person	
			Firm/Company	
		4941 NE 28TH AVE		
		LIGHTHOUSE POINT, F		
			City/State and Zip Code	
		MARIE.PFISTER1@GMA		
For fu	rther information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	ication)
MAR	IE CHRISTINE PF	TISTER	954 531-9766	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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)
	MAILI	INC ADDDESS.	STDEET/COUDIN	ED ADDDESS.

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 HDEG, 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 and assigned Florida document number L15000142863	
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 contain 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)	
<u> </u>	— 1246
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:	। १७ १४४
Name of New Registered Agent:	[] []
New Registered Office Address: Enter Florida street address	_
Florida	

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

If Changing Registered Agent, Signature of New Registered Agent

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	MARIE CHRISTINE PFISTER	4941 NE 28TH AVE	■ Add
		LIGHTHOUSE POINT, FL 33064	□ Remove
			Change
MGR	BRYAN H. ANGER	4480 NW 19TH AVE	
		OAKLAND PARK, FL 33309	■ Remove
		-	Change
			Add
		-1	☐ Remove
			Change
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fective date, if other than the date of filing:			(optional)		
n effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the application.	r to date of filing	or more than 90 da filing requiremen	ys after filing.) Pursua	nt to 605.0 t be liste	020° d as
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, 10/28 2015					
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Marie Chus fue To	gister				

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Filing Fee: \$25.00