## 15000189272

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FEB 16 2017

## **COVER LETTER**

Div	ision of Corpo	orations ,		
SUBJECT:	EMPIRE SO	UTH REALTY ADVISORS, I	LLC	
SUBJECT.		Name of Limite	ed Liability Company	<del></del>
The enclosed	Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return	all correspond	lence concerning this matter to	the following:	
		JB ROTH		
			Name of Person	
		ROTH LAW FIRM		
			Firm/Company	<del> </del>
		234 CANAL BLVD., SUITI	E 2	
			Address	<del> </del>
		PONTE VEDRA BEACH, F	FL 32082	
			City/State and Zip Code	
		JB@ROTHLAWFIRM.NET		
		E-mail address: (to	be used for future annual report notificati	on)
For further in	iformation con	cerning this matter, please call	<b>:</b>	
JB ROTH			904 595-7900 at ()	
	Name of P	erson	Area Code Daytime Tel	ephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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:** 

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 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPIRE SOUTH REALTY ADV	•		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on 11/0	2/2015	and assigned
Florida document number L15000189272	<u> </u>		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liability company here	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the al	obreviation "L.IC."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
	<del> </del>	्रा ।	C 111
		·	\$ 49.
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<del></del>	
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	/mr ·	
	<u> </u>		
B. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:		our records, <u>enter</u>	the name of the
	234 CANAL BLVD, SUITE 2		
New Registered Office Address:		a street address	
	PONTE VEDRA BEACH	, Florida <sup>32</sup>	082
	Citv		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

oi removed	irom our records.		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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"THIS LIMITED LIABILITY COMPANY WILL BE MANAGER-MANAGED."	
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ctive date, if other than the date of filing:	optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days  If the date inserted in this block does not meet the applicable statutory filing requirements	this date will not be list
iment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earli
ne 90th day after the record is filed.	
d FEBRUARY 13 2017	
KR()II	220
	THE CO PERSON
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00