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(Business Entity Name)
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COVER LETTER

TO:	Registration Se Division of Co		•				
CUDI		a Bar, LLC					
Name of Limited Liability Company							
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Jared & Heather Orlinsky					
		1111	Name of Person				
		Save The Empire, LLC					
			Firm/Company				
	4216 NW 61st Ct						
			Address				
		Coconut Creek, FL 33073					
		****	City/State and Zip Code	<u> </u>			
		savetheempire2016@gmail					
		E-mail address: (to be used for future annual report notif	ication)			
For fu	rther information c	oncerning this matter, please ca	all:				
Jared (Orlinsky		561 716-7043				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for the	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)			

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

Shells Kava Bar, LLC		
(<u>Name of the Limited Llability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 25, 2016	and assigned
Florida document number L16000080218		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Save The Empire, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	*	- T-
	AFA S	<u> </u>
	ARY OF STATE.	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	OR	
	DE U	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

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>	<u>Address</u>	Type of Action
AMBR	Orlinsky, Jared A	4216 NW 61st Ct	
		Coconut Creek, FL 33073	Remove
			■ Change
AMBR	Orlinsky, Heather D	4216 NW 61st Ct	☐ Add
		Coconut Creck, FL 33073	☐ Remove
			⊞ Change
			□ Add
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	date, if other that		and cannot be prior to ot meet the applicab			filing.) Pursua	
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recor	tive date is listed, the date the date inserted in the date inserted in the date on the date on the date on the date of the day after the day	layed effective record is file	e date, but not ed. $\frac{2016}{2016}$	ized representative of a	25	MINITED TO THE STATE OF THE STA	p-

Filing Fee: \$25.00