## L1600138714

Office Use Only



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AUG 1 5 2016 S. YOUNG

## COVER LETTER

SUBJECT: Empson En			
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	. Amendment and fee(s) are subn	nitted for filing.	
	ondence concerning this matter to	-	
	Sylvain Empson		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Registered Agent and Owne	er of Empson Empire LLC	
		Firm/Company	- 12 THE 5.
	8610 Osprey LN		-
		Address	15 17. 12 mm: 53
	Jacksonville FL 32217		S
		City/State and Zip Code	
	sylvainempson1@yahoo.com		
		be used for future annual report notific	cation)
For further information of	concerning this matter, please cal	ll:	
Sylvain Empson		904 624 5500	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$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)
	ING ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Empson Empire LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	i <mark>ny as it now appears on our rec</mark> Liability Company)	cords.)
The Articles of Organization for this Limited L	Liability Company	were filed on <u>07/25/2016</u>	and assigned
Florida document number L16000138714	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name (</u>	of the limited liab	oility company here:	
N/A			4
The new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		N/A	
		N/A	
		N/A	
Enter new mailing address, if applicable:		N/A	ず 岩淵
(Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	Enter Florida street ad	
	NUA	Enter Florida Street da	aress
	N/A	City	, Florida N/A Ziv Code
Non-Books and America Clause and State of the	Daries IA	Cuy	εφ σους

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Samantha Empson	8610 Osprey LN	
		Jacksonville Fl 32217	■ Remove
			□ Change
<del></del>			□Add 示众
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change F. C.
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			Remove
			□ Change

Emps	son Empire is a Single Member Limited Liability Company.
Sylva	nin Empson is the Sole Owner of Empson Empire LLC.
The P	Purpose of Empson Empire LLC is to engage in any lawful business activity.
	<u> </u>
-	573
	270
-	
<del></del>	
(If an effective Note: If the	ate, if other than the date of filing
The 90t	specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of h day after the record is filed.
Dated	Signature of a member of subscripted representative of a member.
_	Signature of a member or authorized representative of a member
_	Sylvain Empson Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

## Certified Copy

I certify the attached is a true and correct copy of the Articles of Organization of EMPSON EMPIRE LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on July 25, 2016 effective July 23, 2016, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L16000138714.

Authentication Code: 160727074909-700288281797#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty Seventh day of July, 2016



Ken Detzner Secretary of State