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## **COVER LETTER**

` Div	ision of Corp	orations			
SUBJECT:	EMPIRE CO	NTRATOR SOLUTIONS L	LC		
50552011		Name of Lim	nited Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		ELISA MONTANO HERI	NANDEZ	•	
			Name of Person		
		EMPIRE CONTRATOR S	SOLUTIONS LLC		
			Firm/Company		
		1683 PORTOFINO MEAI	DOWS BLVD		
			Address	2916	mst
·		ORLANDO FLORIDA 32	824	SE SE	Rigger of
•			City/State and Zip Code	26	1
		ELISA.EMPIRECSOLUTI		The T	
For further in	iformation co	E-mail address: ( neerning this matter, please c	to be used for future annual report notifi all:	最近。	`** <u>*</u> *********************************
		-	`	E U	
ELISA MOR	ITANO HERI		407 8084518 at ()		
	Name of I	Person	Area Code Daytime	Telephone 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	

TO:

**Registration Section** 

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

(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now iability Com	appears on our i pany)	records.)		<del></del>
The Articles of Organization for this Limited Liab	bility Company	were filed	on AUGUST 1	7/2016	an	d assigned
Florida document number L16000153836	· · · · · · · · · · · · · · · · · · ·					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabi	lity compa	ny here:			
EMPIRE CONTRACTOR SOLUTIONS LLC						
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company,	" the designation	"LLC" or the	abbreviati	on "L.L.C."
Enter new principal offices address, if applicat	ole:	<u></u>				
(Principal office address MUST BE A STREET	ADDRESS)		•			
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>			672 602 701 701	<u>. U</u>	Corporated
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If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Me	ember	· · · · · ·	
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		<del></del>	Remove
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<b>tive date, if oth</b> e ffective date is listed	er than the a i, the date must	t be specific a	ng: nd cannot b	e prior to dat	e of filing or r	nore than 90 d	_ (option ays after fi	l <b>ar)</b> ling.) Pur	suant to 605.
If the date inser- nent's effective d	ted in this blo	ock does not	meet the	applicable s	statutory filir	ng requireme	nts, this d	late will	not be liste
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SEPTEMBER 1	.2		2016	·					
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	Plin	Signature of	a member o	r authorized	representativ	e of a member	•	· · · · · ·	

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Filing Fee: \$25.00