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| (Requestor's Name) | |
|---|---|
| (Address) | · |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAI | L |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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COVER LETTER

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| TO: Registration Se Division of Co | | | |
|---------------------------------------|--|---|--|
| EMPIRE C | CAPITAL HOLDINGS, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | VANESSA E. DIAZ, ESQ | 1 | |
| | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | EMPIRE CAPITAL HOLI | DINGS, LLC | |
| | | Firm/Company | ,, |
| | 4245 WEST FLAGLER S | Т | |
| | | Address | |
| | CORAL GABLES, FL 33 | 134 | |
| | | City/State and Zip Code | Water Transmission Commission Com |
| | EMPIRECAPITALHOLDI | - | |
| | E-mail address: (| to be used for future annual report notif | cation) |
| For further information of | concerning this matter, please c | all: | |
| | | at () | |
| Name o | of Person | at () Arca Code Daytime | Telephone Number |
| Enclosed is a check for t | 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) |

TO:

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

2017 APR 12 PM 1: 40

TALLAHAEST OF STATE

D SEE, FLORID.

EMPIRE CAPITAL HOLDINGS, 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 08/23/2016 and assigned Florida document number 116000157975

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.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)

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:

| Name of New Registered Agent: | |
|--------------------------------|------------------------------|
| New Registered Office Address: | Enter Florida street address |

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 | DANIEL DIAZ | 11242 SW 3RD ST | ■ Add |
| * | | MIAMI, FL 33174 | _ □ Remove |
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| fective date, if other than the c | ate of filir | ng: | | | | (o _l | otional) | | |
| an effective date is listed, the date must ote: If the date inserted in this bloom | e specific ar k does not | nd cannot b meet the | e prior to d applicable | late of filing e statutory | or more the | an 90 days a Lircments, | fler filing.) this date v | Pursuant to will not be | 605.0207 listed as |
| ocument's effective date on the Dep | artment of | 'State's re | cords. | · | • | | | | |
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| e record specifies a delayed The 90th day after the reco | effective d is filed | date, b I. | ut not a | n effecti | ve time, | at 12:0 | 1 a.m. (| on the ea | irlier of |
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| FEBRUARY 15 | | 2017 | | | | | | | |
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Page 3 of 3

Filing Fee: \$25.00