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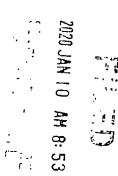
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COVER LETTER

TO:	Registration S Division of Co			
SUBJ	ест: <u>Eve</u>	ryday Career Name of Lin	Carl nited Liability Company	
The e	nclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please	e return all corresp	ondence concerning this matter	to the following:	
		Nai	da Marin Name of Person	.
		The Em	pire Woman Firm/Company	
		11960 N.E	16 Ave apt 1	.0
		Michi FL, SSI Naida @ thee	City/State and Zip Code The pire war and Low to be used for future annual report noti	
For fu	rther information of	E-mail address; (concerning this matter, please co		fication)
^	Varida /	Marin of Person	at (<u>786</u>) <u>46</u> 1– Area Code Daytim	7 61)_ e Telephone Number
Enclos	sed is a check for t	he following amount:		
S \$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

Everyday Career G	nirl LLC		
Name of the Limited Liability (A Florida L.	Company as it now appea imited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Con		1/3/2017	and assigned
Florida document number L17000661533			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company l	nere:	
The Empire Woman IIC			
The Empire Woman LLC The new name must be distinguishable and contain the words "Limited	d Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE.	<u></u>		
			2020 S.;;
			JAN
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or register			
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		n our records, <u>ente</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		Florida	Zip Code
	Cny		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:

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an et <u>Note:</u>	tive date, if other than the date of filing:
b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	A.
	Signature of a member or authorized representative of a member
	Maida Maria Typed or printed name of signee

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Filing Fee: \$25.00