

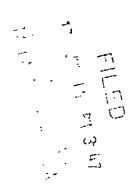
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COVER LETTER

SUBJECT:	EMPIRE BROK	ERAGE LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		JULIO E. GONZALEZ			
		Name of Person			
	EMPIRE BROKERAGE LLC				
	Firm/Company				
	2223 ROUSE RD				
	Address				
		ORLANDO, FL 32817			
	F-mail address:	to be used for future annual report notifies	ution)		
For further information or	oncerning this matter, please of	·	шону		
tor further information ex	oncerning this matter, please c	dii.			
JULIO GONZALEZ		at (786) 295-4025			
Name of Person		Area Code Daytime T	elephone Number		
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Shows a second s		

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

(<u>Name of the Limited Liab</u> (A Flori	REHAGE LLC ility Company as it now appears on our reco ida Limited Liability Company)	rds.	
The Articles of Organization for this Limited Liability Florida document number L17000088200	Company were filed onAPRIL 24_;		_ and assigned
This amendment is submitted to amend the following:	 '		
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LI	LC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent:		ds, <u>enter th</u>	e name of the nev
New Registered Office Address:			
New Registered Office Address.	Enter Florida street addi	ress	
	.1	Florida	= 1
	City		Zip Code =
New Registered Agent's Signature, if changing Register	red Agent:		, ,
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, agent as provided for in Chapter 605 red office address, I hereby confirm t	and I am fan 5, F.S. Or, if	niliar with and this document is
	If Changing Registered Agent, Signatur	e of New Regis	tered 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
MGFI	BRENDA S LOLA	2223 ROUSE RD	Add
		ORLANDO, FL 32817	Remove
			Change
		 	Add
			Remove
			□ Change
			
			☐ Remove
			□ Change
			Remove
			☐ Change
			Add
			Remove
			⊡ Change
			Add
			□ Remove
			☐ Change

DIERIUA LOIA	is also an owner o	of Empire Broker	age LLC			
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ctive date, if other than	the date of filir	ng:		tont	tional)	
effective date is listed, the date	e must be specific ar	nd cannot be prior		nore than 90 days aft	er filing.) Pursuant t	
e: If the date inserted in th			able statutory filir	ng requirements, th	nis date will not be	e listed
iment's effective date on the	ne Department of	State's records.			,	
ecord specifies a dela	aved effective	date, but no	t an effective	time. at 12:01	am on the e	arlier
ne 90th day after the				00 12.01	dim on the c	.arner
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	Signature of a	i member or autho	orized representative	e of a member		-
	Signature of a	i member or autho	orized representative	e of a member		

D.

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Filing Fee: \$25.00