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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
	EMPIRE INNOVATIONS & SERVICES, LLC					
SUBJI	ЕСТ:					
		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		LEONARDO FIGUEIRE	00			
			Name of Person			
		SOLUTION ADVISING,	, LLC			
		Name of Person  SOLUTION ADVISING, LLC  Pirm/Company  5728 Major Blvd - SUITE 609  Address				
		<del></del>	Address			
		ORLANDO - FL - 32	2819			
		info@solutionadvis	City/State and Zip Code ing.com			
		E-mail address: (	to be used for future annual report noti	ication)		
For fur	ther information co	oncerning this matter, please ca	all:			
LEON	ARDO FIGUEIRE	EDO .	407 318-0058			
	Name of	C Document	at ()	**************************************		
	.vame of	reison	Area Code Daytim	e reiepnone Number		
Enclos	ed is a check for th	e following amount:				
<b>⊠</b> \$2:	5.00 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

EMPIRE INNOVATIONS & SERVICES, LLC

## DocuSign Envelope ID: 269C36B5-48F5-49C2-AD5A-8ACEF4FAF6BA **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION

( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	•
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on and a and a	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u></u>	<b>5</b>
		25
Enter new mailing address, if applicable:		2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
(Mailing address MAY BE A POST OFFICE BOX)		<b>ထွ</b>
		<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		e of the n
Name of New Registered Agent:	<del>-</del>	
New Registered Office Address:		
-	Enter Florida street address	
	Florida	
<del>"</del>	City Zip Coa	le ———

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

DocuSign Envelope ID: 269C36B5-48F5-49C2-AD5A-8ACEF4FAF6BA it amending Authorized rerson(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	NICOLLE AZEREDO DA SILVA	12162 Greco Dr	
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		Orlando - Fl 32824	П n
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Effective date, if other than the date if an effective date is listed, the date must be sp. Note: If the date inserted in this block didocument's effective date on the Departi	ecific and cannot be prior to date of fi sees not meet the applicable statute	(optional)  iling or more than 90 days after filing.) Pursuant to 605.0 ory filing requirements, this date will not be listed
ne record specifies a delayed effe The 90th day after the record i		ective time, at 12:01 a.m. on the earlier
JUNE 18	2018	
Dated	·	
DocuSigned by:	ture of a member or authorized repres	

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Filing Fee: \$25.00