

L17000211975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

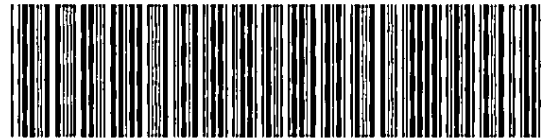
(Business Entity Name)

(Document Number)

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2019 JAN 10 PM 2:23
STATE OF MISSISSIPPI
TALLAHASSEE DIVISION

D. BRUCE
JAN 15 2019

EMPORIO INVESTMENTS GROUP LLC

320 S. FLAMINGO ROAD, 163, PEMBROKE PINES, FL 33027

MANGER: GUSTAVO G. OTERO

PHONE : (954) 309-4253

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2019 JAN 10 PM 2:23
CLERK OF DISTRICT COURT
PENSACOLA FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAVO OTERO
Name of Person
EMPORIO INVESTMENT GROUP LLC
Firm/Company
320 S. FLAMINGO ROAD # 163
Address
PEMBROKE PINES, FL 33025
City/State and Zip Code
GOTERO6777@YANOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUSTAVO OTERO at (954) 309-4253
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

Enclosed is a check for the 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)

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

EMDORIO INVESTMENTS GROUP 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 10/12/2017 and assigned Florida document number L17000211975.

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.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

Florida

City

Zip Code

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TAMPA FLORIDA

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

Title	Name	Address	Type of Action
MEMBER	ENRIQUE ANGEL PINTON	7300 BYRON AV # 1	<input checked="" type="checkbox"/> Add
		MIAMI, BEACH, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEMBER	ENRIQUE AUGUSTO PINTOS	7300 BYRON AV. # 1	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2018 JAN 10 PM 2:23
 TALLAHASSEE
 STATE
 ARCHIVE

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2019 JAN 10 PM 2:23
DEPARTMENT OF STATE

FILED


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 01/07/2019



Signature of a member or authorized representative of a member

GUSTAVO OTERO

Typed or printed name of signee