| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Cor | | | | | | |
|---------------|------------------------------------|---|--|-----------------|---|--|--|
| (* 1 195 BB* | | MPORIO 2006, LLC | | | | | |
| SUBJE | C1: | Name of Limi | ted Liability Company | | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please r | etum all correspo | ondence concerning this matter | to the following: | | | | |
| | | J | ULIO MOLINA | | | | |
| | | | Name of Person | | | | |
| | | JI | JLIO MOLINA PA | | | | |
| | | | Firm/Company | | | | |
| | | 2002 C | URRY FORD RD | | | | |
| | | <u> </u> | Address | | | | |
| | | ORLANDO FL 32806 | | | | | |
| | | | City/State and Zip Code 4OLINA@BELLSOUT | HNET | | | |
| | | E-mail address: () | o be used for future annual | report notifier | ation) | | |
| For furt | ther information of | concerning this matter, please ca | ifl: | | | | |
| | JULIO : | MOLINA | 407 at () | 228-4757 | | | |
| | Name o | of Person | Area Code | Daytime T | elephone Number | | |
| Enclose | ed is a check for t | he following amount: | | | | | |
| ■ \$25 | 5.00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee Certified Copy (additional copy is en | | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | | ING ADDRESS: | | T/COURTER | , R ADDRESS: | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EMPORIO 2006, LLC | | |
|---|--|--|
| (<u>Name of the Limited Liability (</u> A Fiorida 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 12-13-2017 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "LLC" or | the abbreviation "∐C.≌ ∞ ≤ ω |
| Enter new principal offices address, if applicable: | | ————————————————————————————————————— |
| (Principal office address MUST BE A STREET ADDRE. | (22) | |
| | | |
| | | <u></u> σι |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | F |
| | | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address | - | enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Floric | ta |
| - | Ciţv | 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------------|---------------------------------------|----------------|
| MGRM | EUCIANA SAMPAIO CARVALHO | 3021 BALLAD RD KISSIMMEE. FL 34746 | ■ Add |
| | | | ☐ Remove |
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| Note: If | date, if other than the ive date is listed, the date must the date inserted in this blus effective date on the D | lock does not m | eet the applicab | date of filing or the statutory fil | more than 90 days ng requirements | optional) after filing.) Pursu , this date will no | ant to 605. of be liste |
| | rd specifies a delayed Oth day after the rec | | ate, but not | an effective | time, at 12: | 01 a.m. on th | e earlie |
| | SEPTEMBER 5 | | 2018 | . /. | | | |

Page 3 of 3

Filing Fee: \$25.00