118000030193

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JUL 1 9 2019 S. YOUNG

COVER LETTER

EMPIRE I	NVESTMENT SOLUTIONS,	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	-	
·	MARCIA G. RODRIGUE		
EMPIRE INVESTMEN		Name of Person SOLUTIONS, LLC	
		Firm/Company	
	PLANTATION, FL 33322	Address	
	marciarodriguez31@gmail.	City/State and Zip Code com	
For further information of	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notif	ication)
MARCIA G. RODRIGU	-	786 663-2500	
Name o	of Person	at () Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAII	INC AMADESE.	SPH DETPOATING	en anancee

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EMPIRE	INVESTMENT SOLUTIONS.	ΠC
TOTALL TIMES	BY VESTMENT SOCUTIONS.	1212

(<u>Name of the Limited Li</u> (A F)	<mark>ability Company as it</mark> orida Limited Liability	now appears on our re Company)	ecords.)
The Articles of Organization for this Limited Liabili Florida document number $\frac{L18000030193}{L18000030193}$	ty Company were	filed on 02/02/2018	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability co	ompany here:	
EMPIRE INVESTMENT SOLUTIONS, LLC			
The new name must be distinguishable and contain the words	Limited Liability Con	npany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7890	NW 21 CT	
(Principal office address MUST BE A STREET AL	ODRESS) SUN	RISE, FL 33322	
Enter new mailing address, if applicable:	7890) NW 21 CT	Post 1:
(Mailing address MAY BE A POST OFFICE BOX)		JRISE, FL 33322	2: 0
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent:			ords, enter the name of th
	00 NIM 21 OF		
New Registered Office Address: 78	90 NW 21 CT	Enter Florida street ac	ddress
SI	JNRISE		, Florida ³³³²²

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 heing 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> ROBERT ROBINSON	<u>Address</u>	Type of Actio
AMBR	ROBERT ROBINSON		Add
		1859 South Dixie Hwy., Pompano Beach, 33060	■ Remove
			Change
	.		Add
			□ Remove
			Change
			Add
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<u> </u>	
	
	
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Effective date, if other than the d	03/30/2019 data of filing: (ontional)
(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 (
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as t
document serietive date on the ise,	partition of state's records.
the record specifies a delayed	effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The 90th day after the reco	
Dated March 30	2019
	ms.c.
S	Signature of a member or authorized representative of a member
	Francia & Rodriguez Typed or printed name of signed
	Typed or printed name of signed

. D. It amending any other information, enter change(s) here: (Attach daditional sheets, if necessary.)

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Filing Fee: \$25.00