## 4/8000139272

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(Address)
(Address)
(City/State/Zip/Phone #)
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July 5, 2018

EMIPIRE SALES, LLC CEDRIC HENDERSON 1497 URMEY LANE NORTH PORT, FL 34286

SUBJECT: EMIPIRE SALES, LLC Ref. Number: L18000139272

We have received your document for EMIPIRE SALES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P15000031459 "EMPIRE SALES INC.".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 718A00013868

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	Emipire Sale			
SUBJE	ECT:	Name of Lim	ited Liability Company	·····
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	dence concerning this matter	to the following:	
		CEDRIC HENDERSON		
			Name of Person	
		EMPIRE SALES LLC		
			Firm/Company	
		1497 URMEY LANE		
			Address	<del></del>
		NORTH PORT , FL 34286	,	
		KEDEISHA87@GMAIL.C	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	ration)
For fur	ther information co	ncerning this matter, please ca	all:	
CFINE	TOMENDERSON	uhu	941 204-6626 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
<b>≡</b> \$25	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 JUL 18 PH 12:30 Emipire Sales 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 and assigned '7 1.18000139272 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EMPIRE SALES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1497 URMEY LANE Enter new principal offices address, if applicable: NORTH PORT FL. 34286 (Principal office address MUST BE A STREET ADDRESS) 1497 URMEY LANE Enter new mailing address, if applicable: NORTH PORT FL. 34286 (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: CEDRIC HENDERSON Name of New Registered Agent: 1497 URMEY LANE New Registered Office Address: Enter Florida street address NORTH PORT

## 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.

City

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
MGR	CEDRIC HENDERSON	1497 URMEY LANE.	
	<u></u> -	NORTH PORT 34286	
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Tective date, if other than the dat an effective date is listed, the date must be sote: If the date inserted in this block occument's effective date on the Depart	specific and cannot be prior to date of filing does not meet the applicable statutory (	(optional) or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed a
record specifies a delayed eft The 90th day after the record	ective date, but not an effective is filed.	ve time, at 12:01 a.m. on the earlier
JUNE 26.	2018	
nted		

Page 3 of 3

Filing Fee: \$25.00