## 118000154324

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## **COVER LETTER**

Division of Co	rporations	<b>f.</b>	
VITAL RE	MODELING LLC	. ,	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VITALIY DUKAN		
		Name of Person	
	VITAL REMODELING L	LC	
		Firm/Company	
	1213 S HARTSDALE ST		
		Address	
	NORTH PORT/FL 34287		
	VITALIYDUKAN@HOTM	City/State and Zip Code 1AIL.COM	
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
VITALIY DUKAN		413 214-9708 at ()	
Name (	of Person	Area Code 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)

TO;

Registration Section

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

(Name of the Limited Liability Company as it now appears on our records.)

FILED

VITAL REMODELING LLC

2019 JAN 17 PM 4: 29

		TALLAHASSFE
The Articles of Organization for this Limited Liability Company v	vere filed on 06/25/2018	TALLAHASSEE, FL. and assigned
Florida document number L18000154324		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
EMPIRE BUILDERS & REMODELING LLC		
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
	<u></u>	<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our re	ecords, <u>enter the name of the new</u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	ice address on our re	ecords, enter the name of the new
registered agent and/or the new registered office address here	: 	
Name of New Registered Agent:	Enter Florida street	
Name of New Registered Agent:	Enter Florida street	address , Florida
Name of New Registered Agent:  New Registered Office Address:	: 	address
Name of New Registered Agent:	Enter Florida street City	address, Florida Zip Code

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>	<u>Address</u>	Type of Action
OWNER	VITALIY DUKAN	1213 S HARTSDALE ST NORTH PORT, FL 34287	Add
			□ Remove
			☐ Change
MGR	YEKATERINA DUKAN	1213 S HARTSDALE ST NORTH PORT FL 34287	
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
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effecte: I	f the date insert	, the date must b ed in this blocl	e specific and cann	the applicable	te of filing or more t statutory filing re	(option han 90 days after fil quirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed a
reco he (	ord specifies 90th day afte	a delayed e er the recor	effective date d is filed.	, but not an	effective time	e, at 12:01 a.r	m. on the earlier
ed _	IANUARY 15			)19			

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Typed or printed name of signee

Filing Fee: \$25.00