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SUBJE	CT:	Emp	irical	Hol	dings	llc.		
	_			ame of Limit	ed Liability Com	pany		_
The enc	losed A	articles of A	mendment and fee	e(s) are subn	nitted for filing.			
Please r	eturn al	l correspond	dence concerning	this matter to	o the following:			
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					Name of Pe	erson		
					Firm/Com	-		
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For furt	her info	ormation cor	acerning this matte	er, please cal	H:			
	М	aeio	Grard	Rome	elo at (9 6	54) 218	-4286	
		Name of I	Person		Area C	ode Day	time Telephone Num	ber
Enclose	d is a c	heck for the	following amoun	::				
S25	.00 Fili	ng Fee	☐ \$30.00 Filing Certificate o		S55.00 Fil Certified (additional)		Certif Certif	Filing Fee, icate of Status & ied Copy on all 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

Empirical Holding Come (A Florida Limited	Jane as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>LIB 00 0 158 489</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia	FILED BY
The new name must be distinguishable and contain the words "Limited Liab 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)	11226 NW 43rd Court Coral Springs FL 33065
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	office address on our records, enter the name of the new
New Registered Office Address: 11221	Girard Romelo NW 43rd Couet Enter Florida street address Springs, Florida 33045 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:

$MGR = \cdot M$ $AMBR = A$	lanager uthorized Member						
Title	Name		Address				Type of Action
PC	Summer	December	2501	NE	26th	Ave	Add
	Summer		Fort la	uder	dale	Б 333	305 Remove
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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(lf an effecti <u>Note:</u> lf t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	October 18, 2018.
	Signature of a member or authorized representative of a member
	~
	Summer December

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