118000252377

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2018 NOV -5 AMIII: 2

COVER LETTER

TO: Registration Division of C	Section orporations		
Empty M	y Warehouse LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Kenneth L Minerley		
		Name of Person	
	Minerley Fein PA		
		Firm/Company	
	1200 N Federal Hwy Suite	e 420	
		Address	
	Boca Raton, Fl 33432		
	 	City/State and Zip Code	
	ken@minerleyfein.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
Kenneth L. Minerley		561 362-6699 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 NOV -5 AM 11: 29

(Name of the Limited Liability Company as it now appears on our Pacords.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October, 26, 2018 _ _ and assigned Florida document number _L18000252377 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Empty Your Warehouse LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

New Registered Agent's Signature, if changing Registered Agent:

Empty My Warehouse LLC

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	
			Add	
			Remove	
			Change	
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etive date, if other than the effective date is listed, the date mus of the date inserted in this bloment's effective date on the Doment's	t be specific and cannot be prior to da ock does not meet the applicable	te of filing or more than 90 day statutory filing requirement	(optional) s after filing.) Pursuant to 605.02 s, this date will not be listed
ecord specifies a delayed se 90th day after the reco	effective date, but not arord is filed.	effective time, at 12	:01 a.m. on the earlier
October 30th	2018	_	
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Typed or printed name of signee

Filing Fee: \$25.00