L19000005513

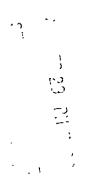
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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09/29/21--01005--011 **25.00



- COVER LETTER

	ration Sec on of Corp					
En En		mpanies LLC		•		
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed Ar	rticles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all	correspor	ndence concerning this matter	to the following:			
		Mark Malevskis				
			Name of Person			
		Emperor Companies LLC				
			Firm/Company			
		107 N 11th St #613				
			Address			
		Tampa FL 33605				
			City/State and Zip Code			
		mark@emperorhousebuyers				
For further infor	rmation co	e-mail address: (oncerning this matter, please co	to be used for future annual all:	report notification)		
Mark Malevskis	5		813 610 at ()	5-0123		
	Name of	Person	Area Code	Daytime Telephone Number		
Enclosed is a ch	eck for th	e following amount:				
■ \$25.00 Filir	ng Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end	Certificate of Status &		
	g Address tration S		<u>Street A</u> Registr	ddress: ation Section		
•		orporations	_	n of Corporations		
	Box 632			ntre of Tallahassee		
Tallahassee, FL 32314			2415 N	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emperor Companies LLC		III 29 PH 7 7 7
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our recordida Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 01/03/2019	and assigned
Florida document number L19000005573		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
EHB09242021 LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		r the name of the new regist
agent and/or the new registered office address here	2:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	<i>ess</i>
		Florida
	City	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 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>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
		<u> </u>	
			□Add
			□Remove
			□ Change
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Ol Chill	September 24th		2021			
Signature of a member or authorized representative of a member			July	-		
, , , I		Signature of a	a member or authorize	d representative of a me	mber	