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08/12/19--81810--808 **25.08

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Amend

AUG 2 1 2019 I ALBRITTON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: O&	J Empire G	broup, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
	Omanes it ho	Jeanlouis	
		Name of Person	
		Firm Company	
	2601 3W B6	Address	
	West Park	FL 33023 City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notific	ration)
For further information co	ncerning this matter, please ca	all:	
Omanesitho Name of	Jean Jouis Person	at (<u>786</u>) <u>274 –</u> Area Code Daytine '	2/89 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing 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, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O&J Empire	Group LLC	
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on or rida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 1900 ò 1708 48</u>	y Company were filed on $0.7/0.00$	L /2019 and assigned
Florida document number LL90001708 17)	
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here;	
The new name must be distinguishable and contain the words "!	Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		25.
		્વ
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B 16		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name or the
-		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sir	ret address
		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 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 i 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Omanesitho Jeaniouis	6175 NW 153rd St. Miami La FL 3301	√ K⊄≸ Add V
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			□ Change

•	
Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	108/08/2019 Yada Stuckey Signature of a morpher or authorized representative of a member
	Signature of a monther or authorized representative of a member
	Signature of a more or authorized representative of a member Tada Stuckey Typed or printed name of signee

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Filing Fee: \$25.00