## L19000219539

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## **COVER LETTER**

TO:		tration Sect on of Corpo		i.	¥
61315112		mpire Socia	Group LLC		
SUBJE			Name of Lim	ited Liability Company	
The enc	closed A	rticles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn al	l correspone	dence concerning this matter	to the following:	
			Ryan Cipparone, Esquire		
				Name of Person	
			Cipparone & Cipparone, P	.A.	
				Firm/Company	
			1525 International Parkwa	y, Suite 1071	
				Address	
			Lake Mary, FL 32746		
				City/State and Zip Code	
			тсіррагове@сірраговера.сс		
			E-mail address; ()	to be used for future annual report noti	fication)
For furt	her info	rmation cor	cerning this matter, please ca	all:	
Ryan C	an Cipparone, Esquire 321 275-5914				
		Name of I	cison	at () Area Code Daytim	e Telephone Number
Enclose	ed is a ch	neck for the	following amount:		
<b>■ \$25</b>	.00 Filii	ng 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)

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

Empire Social Group LLC		
( <u>Name of the Limited</u> ) (A	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi	ility Company were filed on September	6, 2019 and assigned
Florida document number 1.19000219539	·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	c limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
	_	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.		
B. If amending the registered agent and/or	registered office address on our r	ecords, 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
_	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 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>	Name	Address	Type of Action
AMBR	Hustle Labs LLC	444 W. New England Ave. #215 Winter Park, FL 32789	
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			☐ Change
			D Add
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Effective date, if other than the (If an effective date is fisted, the date mu Note: If the date inserted in this bi	e date of filing: st be specific and cannot b lock does not meet the :	applicable statutory fil	(optional) more than 90 days after filing.) Ping requirements, this date wi	ursuant to 605,0207 (3) Il not be listed as the
document's effective date on the D	Department of State's re	ecords.		
the record specifies a delayed ) The 90th day after the rec		ut not an effective	time, at 12:01 a.m. or	the earlier of:
Dated	2021	·		
			ve of a member	
	VELLA TO AV MA	7/14		

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Typed or printed name of signee

Filing Fee: \$25.00

