## L19000258130

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ALLAHASSEL FLORING

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Empin	e Bay Market	ting LLC.	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jomely	Breton Name of Person	
		Name of Person	
	Empire Bai	y Marketing LLC Firm/Company	<u>)·</u>
	12001 DE HUL JE	2. STN. Apt 3111 St.	Petersburg, FL 33716
	St. Petersbur	g, FL 33716 City/State and Zip Code	
	E-mail address: (	bay marketing to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Jonely	Breton	at (_718_) 306   Area Code Daytim	78 19
Name of	Person	Area Code Daytim	e Velephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing 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)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of Co		Division of Cor	
P.O. Box 632	-	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Empire Bay Marketing	LLC.
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on 10/14/2019 and assigned
Florida document number <u>L 19000 25 81 30</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	uny here:
The new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	282
	21 OC
Enter new mailing address, if applicable:	<u> </u>
(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:	pri e
Name of New Registered Agent:	
New Registered Office Address:  Entire	ter 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 provisions of all statutes relative to the proper and complete performant accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address. I company has been notified in writing of this change.	nce of my duties, and I am familiar with and or in Chapter 605, F.S. Or, if this document is

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
M6R	Sara Muiños Naranjo	12001 DR. HLK. JR. STN. Apt 3111 St. Reteisburg FL, 33716	<b>%</b> ∧dd
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			□ Change
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.020
ument's effective date on the Department of State's records.	g .eqee
cord specifies a delayed effective date, but not an effective time, at 12:01 a. s filed.	.m. on the earlier of: (b) The 90th day after the
ed October 11th . 2021.	
Annal Ration	
1.1/9(1) 1.1/9(1) 1.1/9(1)	