LZO 000089582

(Requestor's Name)	
(Codaestor S Marrie)	
(Address)	
(1331333)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	S
Special Instructions to Filing Officer:	

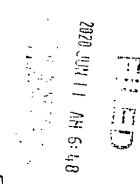
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JUN 2 9 2020

S. YOUNG

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	sion of Cor	porations		
	Empire Ho	rizons LLC		
SUBJECT: Name of Limited Liability Company				
	A .: 1 6	4 d 4 5(-) b.	minud Con Clina	
The enclosed	Articles of .	Amendment and fee(s) are sub-	mitted for filling.	
Please return	all co rre spo	ndence concerning this matter	to the following:	
		Nicholson Fequiere		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		EMPIRE HORIZONS, LL	LC	
Firm/Company			Firm/Company	
		3280 Tamiami Trl Ste 55	5A	
			Address	
		Port Charlotte, FL 33952	2	
			City/State and Zip Code	
		nfequiere@gmail.com		
			to be used for future annual report notification)	
For further in	formation c	oncerning this matter, please ca	ail:	
Nicholson F	equiere		347 325-8258 at ()	
	Name o	Person	at () Area Code Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ling Addres		Street Address: Registration Section	
·-	•	orporations	Division of Corporations	
	. Box 632	•	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPIRE HORIZONS, LLC

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

The Articles of Organization for this Limited L	iability Company were f	filed on <u>3/25/20</u>	and assigned
Florida document number L20000089582			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability co	ompany here:	
The new name must be distinguishable and contain the v	words "Limited Liability Com	npany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	 registered office addres	ss on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	Nicholson Fequiere		
New Registered Office Address:	3280 Tamiami Trl St	te 55A	
		Enter Florida street address	
	Port Charlotte	, Flo	orida 33952
	Ci	ity	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.

Nicholson Faquiers

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
MGR	Nicholson Fequiere	20300 Danube Ave	□ Add
		Port Charlotte, FL 33952	■Remove
			Change
MGR	Nicholson Fequiere	3280 Tamiami Trl Ste 55A	■Add
		Port Charlotte, FL 33952	□Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□ Remove
			□ Add
			□Remove
			□Change
		-	□Add
			□Remove
			□ Change

		_
		
		
ffective date, if other that	6/10/2020	(optional)
an effective date is listed, the dat	must be specific and cannot be prior to date of filing or more that	n 90 days after filing.) Pursuant to 605.0207
	is block does not meet the applicable statutory filing require Department of State's records.	irements, this date will not be listed as
record specifies a delayed eff	ective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
d is filed.		
6/09	2020	
Pated	2020	
Nicholson	Fequiere Signature of a member or authorized representative of a m	
	Signature of a member or authorized representative of a m	ember
Nichalaan Fai-	-	
Nicholson Fequie	Turved or printed name of signee	

Filing Fee: \$25.00