

L200000895SZ

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

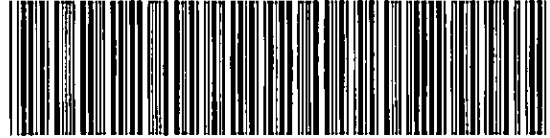
(Document Number)

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21 MAR -9 AM 11:44  
DIVISION OF CORPORATIONS  
STATE OF TEXAS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EMPIRE HORIZONS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jean Jacinthe

\_\_\_\_\_  
Name of Person

EMPIRE HORIZONS, LLC

\_\_\_\_\_  
Firm/Company

3280 Tamiami Trl Ste 55A

\_\_\_\_\_  
Address

Port Charlotte, FL 33952

\_\_\_\_\_  
City/State and Zip Code

j\_jacinte@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Jacinthe

941  
at ( )  
Area Code

815-8245

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the 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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
21 MAR -9 AM 11:44

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nicholson Fequiere	3280 Tamiami Trl	<input type="checkbox"/> Add
		Ste 55A	<input checked="" type="checkbox"/> Remove
		Port Charlotte, FL 33952	<input type="checkbox"/> Change
MGR	Jean Jacinthe	3280 Tamiami Trl	<input checked="" type="checkbox"/> Add
		Ste 55A	<input type="checkbox"/> Remove
		Port Charlotte, FL	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Direct all emails to J-JACINTHE@YAHOO.COM

R

21 MAR -9 AM 11:44  
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

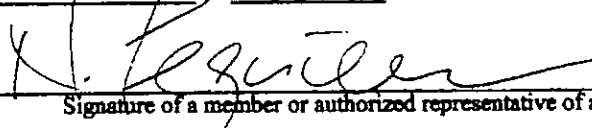
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

3/5/

2021



Signature of a member or authorized representative of a member

Nicholson Fequiere

Typed or printed name of signee