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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

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OCT 28 2020

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 007 27 PH 12: 12

Ads Empire LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as u now appears o Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company	were filed on 08/0	5/2020 and assigned
Florida document number L20000226916		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here	:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	gnation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Pater and anilian address if annicable.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	On,	TAP CINE
I hereby accept the appointment as registered agent and agrousions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as position filed to merely reflect a change in the registered office acompany has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am familiar with and opter 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

2320 OCT 27 PH 12: 12

<u>Title</u>	Name	Address	Type of Action
AMBR	LUCA RICHTER	2880 W OAKLAND PARK BLVD	
		STE 225C	☑ Remove
		OAKLAND PARK, FL 33311	Change
	 		
			Remove
			Change
			Remove
			Change
			🗆 Add
			□ Remove
			🗆 Change
			Remove
			□ Add
			_□ Remove
			☐ Change

	Z320 OC - 27 PH12: 12
	<u> </u>
etive date, if other than the date of filing: ffective date is listed, the date must be specific and c : If the date inserted in this block does not me ment's effective date on the Department of Sta	(optional) annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 et the applicable statutory filing requirements, this date will not be liste
ment's effective date on the Department of Sta	ac y records.
ecord specifies a delayed effective da e 90th day after the record is filed.	te, but not an effective time, at 12:01 a.m. on the earli
10/27	2020
00	ember or authorized representative of a member

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Filing Fee: \$25.00