

LZO 000 282793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
NOV 04 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empyreal 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:

Carline Etienne

Name of Person

Empyreal LLC

Firm/Company

722 Nw 2nd Ave Apt 1

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

Carlinetienne93@gmail.com

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

For further information concerning this matter, please call:

Carline Etienne

754 234-1087
at ()

Name of Person

Area Code

Daytime Telephone Number

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Empyreal 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 Liability Company were filed on September 10, 2020 and assigned
Florida document number L20000282793.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Empyreal LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

722 Nw 2nd Ave Apt 1

Fort Lauderdale, FL 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

722 Nw 2nd Ave Apt 1

Fort Lauderdale, FL 33311

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:

Name of New Registered Agent:

Carline Etienne

New Registered Office Address:

722 Nw 2nd Ave Apt 1

Enter Florida street address

Fort Lauderdale

City

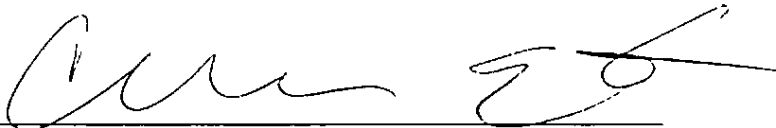
Florida

33311

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Carline Etienne	722 Nw 2nd Ave Apt 1	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, Fl 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Carline Etienne	722 Nw 2nd Ave Apt 1	<input type="checkbox"/> Add
		Fort Lauderdale, Fl 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

Dated September 24 2020

Carroll

Signature of a member or authorized representative of a member

Carline Etienne

Typed or printed name of signee

Filing Fee: \$25.00