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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Empire Build	ing CORP L.L.C.
The enclosed Articles of Amendment and fee(s) are subm	mitted for filing.
Please return all correspondence concerning this matter t	to the following:
isbet_	Mame of Person
Empire ?	Ruiding CORP L-L &
5521 N	IW 180 h terr &
miami (Sardens F1,33055 = = City/State and Ap Code aridad (a yahoo-com
	(to be used for future animal report notification)
For further information concerning this matter, please concerning the please concerning the please concerning the please concerning this matter than the please concerning the please concer	at (786) 925 4836 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPIRE BUILING (Name of the Limited Liability Jompa (A Florida Limited I	NP L.L.C	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2100000362</u> 2		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".	omes L-L-C	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5521 Nw 18 Miami Garo 33055	oth text lens Fal,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	uddress on our records, enter	the name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street addres	is .
		orida
	City	Zip Coxie

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

								
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Effective date, if ot if an effective date is list Note: If the date instruction document's effective	her than the date ted, the date must be specified in this block do date on the Departm	of filing: ecific and coses not me nent of Sta	annot be price the appliate's record	or to date of filiticable statutors.	ig or more than 9 y filing require	(optio 0 days after t ments, this	Gliove Y Par	rsuant to 605. I not be liste
e record specifies a dord is filed.	elayed effective date.	, but not a	n effective	time, at 12:0	a.m. on the ea	rlier of: (b)) The 9	Oth day after
Dated Tebru	ary 2		202					
		11	Sember or an	thorized repres	entative of a me	nber		
			TOTAL OF THE RE	**************************************				