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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JSD & COMPANY PA

Account Number : I20190000114 Phone : (786)286-2705 Fax Number : (305)901-6024

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

Email Address: VIPEMPORIO.LIFE@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMPORIO INSURANCE & INVESTMENT LLC

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05/03/2021 5:35 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPORIO INSURANCE & INVI	ESTMENT LLC					•
(Name of the Um	ted Lightlity Com (A Florida Limited	nany as it now appears I Liability Company)	on our records.)			
The Articles of Organization for this Limited I Florida document number L21000099021	Liability Compan	y were filed on $\frac{03/0}{}$	1/2021	a	nd assig	ned
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited lia	bility company her	<u>'e</u> :			
N/A				_		
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the des	signation "LLC" or th	he abbrevia	tion "L.L.	C.**
Enter new principal offices address, if appli	cable:	N/A				
Principal office address MUST BE A STRE	ET ADDRESS)					
					 }	
Enter new mailing address, if applicable:		N/A			-:	
(Mailing address MAY BE A POST OFFICE BOX)				-12		
				<u> </u>	_==	1 mar 1
				 [There	(၂)	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	e address on our re	cords, <u>enter the I</u>	1 to sman	he new	register
Name of New Registered Agent:	JORGE R SA	NCHEZ			_	
New Registered Office Address:	1199 W FLA	GLER ST #8				
		la street address				
	MIAMI		, Florida			
		City		Zij	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 Resistered Agent, Signature of New Registered Agent

To: SUNBIZ Corporation filings Fax: (850) 617-6381 H21000178354 3

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>	Address	Type of Action
PR	NAIRY PEREZ	4970 NW 102TH AVE APT 208	
		DORAL, FL 33178	\BRemove
		.	□Change
AMBR	NAIRY D. PEREZ MENDEZ	4970 NW 102TH AVE APT 208	🖶 Add
		DORAL, FL 33178	□Remove
			□Change
			□Remove
			□Add
		 	□ Remove
			□Add
			□Remove
		<u></u>	
			□Remove
		. <u>.</u>	Change

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To: SUNBIZ Corporation filings Fax: (850) 617-6381

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. Effecti	ve date, if other than the date of filing: (optional)
Note:	ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the third effective date on the Department of State's records.
the recor	d 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 ed.
Dated	MAY 3 2021
Dated	Thursday of the same of the sa

Typed or printed name of signee