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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

Div	ision of Corpo	orations			
SUBJECT:	David Rojas I				
SOBSECT.			iited Liability Company		
The enclosed	l Articles of Ai	mendment and fee(s) are sub	omitted for filing.		
		lence concerning this matter	-		
		David Rojas			
			Name of Person		
		David Rojas LLC			
			Firm/Company		
		28400 SW 135th ave			
			Address	<u> </u>	
		Homestead Florida 33033			
			City/State and Zip Code		
		onestronghouse@gmail.com			
			to be used for future annua	report notification)	
For further in	iformation con	cerning this matter, please c	all:		
David Rojas			786 42	20-1927	
	Name of P	erson	Area Code	Daytime Teleph	one Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	ling Address:		Street A	.ddress:	

TO:

Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

David Rojas LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L21000162013	y were filed on April 7, 2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
Empire Capital "LLC"				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	28400 SW 135th ave. Homestead F	L. 33033		
(Principal office address MUST BE A STREET ADDRESS)	 .			
Enter new mailing address, if applicable:				
	<u></u>			
(Mailing address MAY BE A POST OFFICE BOX)		· <u> </u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the	name of the new registere		
	Enter Florida street address			
	, Florid	a		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	•		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and l provided for in Chapter 605, F.S.	am familiar with and Or, if this document is		
If Cha	nging Registered Agent, Signature of Nev	w 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>	Address	Type of Action
AMBR	Amber M. Rojas	28400 SW 135th ave Homestead FL. 33033	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
		Change	
			🗀 Add
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	ate inserted in fective date or					statutory	filing re	quirem	ents, this	date v	vill not be listed
ord specifi filed.	es a delayed e	effective dat	te, but no	t an effect	ive time,	at 12:01 a	ı.m. on t	he earli	er of: (b)	The	90th day after t
d											
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		10-6									
		Sign	ature of a	member or	authorize	d represent	ative of a	membo	r		