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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVERTELLER

EMPIRE T SUBJECT:	ALENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ulises Anderson		
		Name of Person	
	SOLID ACCOUNTING L	LC	
		Firm/Company	
	240 N BISCAYNE RIVEI	R DR	
		Address	
	MIAMI, FL 33169		
		City/State and Zip Code	
	uanderson@yoursolidaccou	_	
	E-mail address: (to be used for future annual repor	t notification)
For further information c	oncerning this matter, please c	all:	
Ulises Anderson		786 309-380	06
Name o	f Person		sytime Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Addres	
Registration S		Registration	
Division of C P.O. Box 632	-		Corporations of Tallahassee

Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations**

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO

ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L21000195137</u>	mpany were filed on 04/27/2021 -	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRE	ESS)	<u> </u>
		0
		P
Enter new mailing address, if applicable:		<u></u> μ
(Mailing address MAY BE A POST OFFICE BOX)		, to
B. If amending the registered agent and/or registered	office address on our records,	enter the name of the new reg
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

EMPIRE TALENTILC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BELLO, ANDY L	7853 NW 194TH TERRACE	
		HIALEAH, FL 33015	■Remove
			□ Change
			□ Add
			□Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date lote: If the date inserted in this block does not meet the applicable s ocument's effective date on the Department of State's records.	(optional) c of filing or more than 90 days after filing.) Pursuant to 605.6 statutory filing requirements, this date will not be lister
record specifies a delayed effective date, but not an effective time, at l is filed.	t 12:01 a.m. on the earlier of: (b) The 90th day after
ated August 25 2021	
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