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### **COVER LETTER**

Division of Cor	porations			
SUBJECT: EMPF	RESS' McDor	ald Enter Prisoned Liability Company	es LlC.	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	Pauline	J McDonal C	<u> </u>	
	Empress N	Consold Enterp	rises UC	
	5773 Lynn	Lake Dr. S.		
	St. Peles	burg FL 33: City/State and Zip Code	712	
	O(Incessb) E-mail address: (I	983 Ogmail • COM o be used for fugure annual report notifi	cation)	(.)
For further information e	oncerning this matter, please ca	ill:	1 <u></u>	
Pauline J.	McDonald f Person	at ( <u>727</u> ) <u>479 - 1</u> Area Code Daytime	6070 Telephone Number	· :
			Telephone Number	اله.
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)	

TO:

**Registration Section** 

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPCSE Mc John A Tolking Control of the Limited Liability (A Florida	v Company as it now appears o Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	110/21 a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit  \[ \sum_A \]  The new name must be distinguishable and contain the words "Limit	ted Liability Company," the desig	mation "LLC" or the abbreviat	
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRI	<u> </u>		<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		292	
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	A III	e new-registered
Name of New Registered Agent:	, <u>[</u> A	21	<del></del>
New Registered Office Address:		street address	
<del></del>	795.	, Florida	Coxle
	City	Zip G	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 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>	Type of Action
<u> 4GR</u>	Pauline J. McDonald	5773 Lynn Late Dr. S. ST P	<u>=te</u> ≸Add
		FL 33712	□Remove
	<b>.</b>		□Change
AMBR	Sanika A. Moncreffe	2 2447 31 <sup>St</sup> S. ST. Pe Fl 33712	te DAdd
		M 33712	□Remove
			Change
AMBR	Trevaughn Curringh	on 2447 315 SI. S.	
		St. Pete FL 33712	□Remove
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