121000244562

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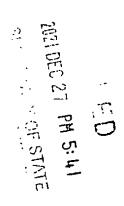
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A. RIVERS



000378549320

12/27/21--01040--022 **25.00



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	EMPIRE STA	TE TITLE COMPANY, LLC	
SUBJECT.	Name of Lim	ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		JAMES MENNUTI	
		Name of Person	
	EMPIR	E STATE TITLE COMPANY, L	LC
		Firm/Company	
		6624 SURFSIDE BLVD	
		Address	-
	APOL	LO BEACH, FLORIDA 33572	
		City/State and Zip Code	
	em	pirestatetitlecomp@yahoo.com	
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
JAME	S MENNUTI	732 236-7051	
Name o	f Person		ime 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 Registration S		Street Address: Registration S	Section
Division of C	-	Division of C	•
P.O. Box 6327 Tallahassee FL 32314		The Centre of 2415 N. Mon	Lallahassee roe Street, Suite X10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPIRE STATE	TITLE COMPANY, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our l Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000244562}{L21000244562}$.	were filed on 05/25/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	6624 SURFSIDE BLVD	
	APOLLO BEACH, FLO	RIDA 33572
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, g	DEC 2
	//AACHDEGIDE	BLVD 2 P C
New Registered Office Address:	6624 SURFSIDE Enter Florida street	
APO	OLLO BEACH	, Florida 33572
	City	Zip 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 Registered Agent, Signature of New 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
MGR	JAMES MENNUTI	6624 SURFSIDE BLVD	□Add
		APOLLO BEACH, FLORIDA 33572	■Remove
			□Change
AMBR	JAMES MENNUTI	6624 SURFSIDE BLVD	■Add
		APOLLO BEACH, FLORIDA 33572	Remove
			□Change
AMBR	MOISES COHEN	7606 DRAGON FLY LOOP	= Add
		GIBSONTON, FLORIDA 33534	□Remove
			Change
		 	□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
(If an effect Note: If	date, if other than the date of filing:
If the record s record is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated No	OVEMBER 5 2021
	Signature of a member or authorized representative of a member
	JAMES MENNUTI

Filing Fee: \$25.00

Typed or printed name of signee