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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	T EMPIRE PROPERTIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u>. </u>
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	RAY DOMINGUEZ		
		Name of Person	
	SMAART LLC		
		Firm/Company	
	8200 W 33rd AVE STE 8		
		Address	
	HIALEAH, FL 33018		
	 .	City/State and Zip Code	
	RAY@SMAARTBIZ.COM		
	E-mail address: (to be used for future annual report noti	fication)
For further information	on concerning this matter, please c	all:	
RAY DOMINGUEZ		305 764-6179	
Nan	ne of Person	at ()at () Area Code Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fed	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ado</u> Registratio		Street Address: Registration Sec	ction
_	f Corporations	Division of Cor	
P.O. Box 6	5327	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on

[1.21000349754]

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the desi	ignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	22
Mailing address MAY BE A POST OFFICE BOX)	-15 -13
	- En
	, , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or registered office address on our rec agent and/or the new registered office address here:	
	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	, φ
New Registered Office Address:	
	a street address

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

SUNSET EMPIRE PROPERTIES LLC

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.

City

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	ALVES, VALMIR, JR	1916 HARBOR ISLAND DR	□Add
		FLEMING ISLAND, FL 32003	≣Remove
			□Change
			DAdd
			□Remove
			□Change
			ිදු ලි
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ective date, if other than the da	ite of filing:		(optional)	
effective date is listed, the date must be ee: If the date inserted in this block	does not meet the appl	icable statutory filing re	han 90 days after filing.) Pur quirements, this date will	suant to 605.020 not be listed a
ument's effective date on the Depa	rtment of State's record	s.		
cord specifies a delayed effective d s filed.	ate, but not an effective	time, at 12:01 a.m. on the	ne earlier of: (b) The 90t	h day after the
SEPTEMBER 20	2021			
	Padiel			
	gnature of a member or aut			

Filing Fee: \$25.00