# 121000517544

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SECRETARY OF STATE TALLAHASSEE, FL

## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2022

MICHAEL B PEREZ 6190 NW 186TH STREET APT 101 HIALEAH, FL 33015

SUBJECT: EMPIRE AUTO DETAILING, LLC

Ref. Number: L21000517544

We have received your document for EMPIRE AUTO DETAILING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000280699 EMPIRE GROUP LLC.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 722A00000249

District of Conservations D.O. DOV 0007 Mallabases File 11- 00014

### **COVER LETTER**

	gistration Sect vision of Corp			
SUBJECT:	NAME CHA	NGE		
Sonate 1.		Name of Lim	ted Liability Company	
The encloses	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		MICHAEL B PEREZ		
			Name of Person	
		EMPIRE AUTO DETAIL	NG LLC	For filing.  Following:  Fame of Person  C  Firm/Company  01  Address  State and Zip Code  Address  State and Zip Code  Address  Daytime Telephone Number  55.00 Filing Fee & S60.00 Filing Fee, Certified Copy  Certificate of Status &
			Firm/Company	
		6190 NW 186TH STREET	APT 101	
			Address	
		HIALEAH FL 33015		
			City/State and Zip Code	
		E-mail address: (		notification)
For further in	nformation cor	icerning this matter, please ca	11:	
MICHAEL	B PEREZ			ı
	Name of I	Person		vime Telephone Number
Enclosed is a	a check for the	following amount:		
<b>●</b> \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Re <sub>r</sub> Div P.C	iling Address: gistration Se vision of Co D. Box 6327 llahassee, FI	rporations	Registration Division of C The Centre C 2415 N. Mo	Section Corporations of Tallahassee proe Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPIRE AUTO DETAILING LLC

(Name of the 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  $\frac{12/07/2021}{12/07/2021}$ and assigned Florida document number L21000517544 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PEREZ EMPIRE MULTISERVICES GROUP, LLC. The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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
			□Remove
			Change
			□Add
			□Remove
			□Change
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	r information, enter change(s) here: (Attach additional sheets. if necessary.)
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an effective date is listed, to the listed of the listed of the listed inserted in the listed of the	than the date of filing:  (optional)  the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 d in this block does not meet the applicable statutory filing requirements, this date will not be listed as e on the Department of State's records.
record specifies a delay l is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	, 2021
	Signature of a member or authorized representative of a member
MANAGER	Michael B Pare 2

Filing Fee: \$25.00