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(Business Entity Name)
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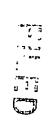
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SECRETIAY OF STATE
TALL KHASSEE, FL



COVER LETTER

TO: Registration Se Division of Cor)	t · · · ·
SUBJEÇT:	Empire T	Real Estate &	DEXNCES
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	- Rho	Name of Person	<u></u>
	7257 N	Firm/Company W 446 Blvd. F	¥ 73
	Gairesulle RBOBY @ E-mail address (Chy/State and Zip Code 6MAIL, COM to be used for future annual report notif	
For further information c	oncerning this matter, please ca	all:	
Rhonda Name o	Doby f Person	at (964) 537 Area Code Daytime	- 5749 Telephone Number
Enclosed is a check for th	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 Address:	2023 I SEC: TA

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 8100
Tallahassee, FL 32303

2023 MAR -9 PM 11: 31

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Empire Real	totale Bornces
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 200527555	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Linked Liability of the new name must be distinguishable and contain the words "Linked Liability of the new name must be distinguishable and contain the words "Linked Liability of the new name of the limited liability of the new name of the new name of the liability of the new name of the	lity company here: UCC (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)	7257 NW 448 Blud # 73 Gainesville, FL 321007
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7257 NW 448 Blvd #73 Garnes Mile, FL 321007
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	•
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and vovided for in Chapter 605, F.S. Or, if this decument is uddress. I hereby confirm that the ladited laditity
If Chang	ing Registered Agent, Signature of New Registered Agent

It 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>	Name	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
		-	□Change
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<u>ore:</u> 1	ctive date is listed, the f the date inserted i	n this block do	es not meet t	he applicable	late of filing or e statutory fil	more than 90 da ng requireme	ays after fili nts, this da	ng.) Pursuant ite will not b	to 605.020 be listed a:
ocume.	nt's effective date of	in the Departm	ent or State :	s records.					
record	specifies a delayed	effective date.	but not an ef	fective time.	, at 12:01 a.m	on the earlie	r of: (b)	The 90th da	y after the
is file	d.							_	_
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		Signati	ire of a memb	er or authorize	ed representativ	c of a member		− cu	(10.1
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