## h22000035191

(Re	questor's Name)	
(Ad	dress)	
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## **COVER LETTER**

Division of Corpo			
support. Empire	Arbitrage LLC	<b>;</b>	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	GABRIEL RO	MERO	
		Name of Person	
	<b>EMPIRE AR</b>	BITRAGE LLC	
		Firm/Company	<del></del>
	7901 4TH ST	N STE 300	
		Address	<u></u>
	ST PETERS	BURG,FL33702	1
		City/State and Zip Code	<del></del>
	<del></del>	NHOUSEPLANTS	
	E-mail address: (	to be used for future annual report notifi	cation)
or further information cor	cerning this matter, please ca	all:	
KESAVA D S	CHLAUG	at (352 ) 5750618	
Name of I	'erson	<del> </del>	Telephone Number
nclosed is a check for the	following amount:		
<b>3</b> \$25,00 Filing Fœ	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fcc &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certificd Copy
			(additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se		Registration Sec	
Division of Co	•	Division of Corp	
P.O. Box 6327		The Centre of Ta	
Tallahassee, Fl	, 32314	Tallahassee, FL	Street, Suite 810 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Empire Arbitrage LLC

(Name of the Limited Liability Company as it now appears on our records.) St. C...
(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

2022 HAY 13 PH 1: 13

The Articles of Organization for this Limited Liability Company were filed on 01/18/22 \_\_\_\_ and assigned Florida document number L22000035191 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 designation "LLC" or the abbreviation "LLC." 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 igent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_, Florida \_\_\_ City w Registered Agent's Signature, if changing Registered Agent: creby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability upany 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
AMBR	GABRIEL ROMERO	7901 4TH ST N STE 300	🔀 Add
		ST. PETERSBURG, FL	□Remove
		33702	Change
			□ Add
			□Remove
		<del></del>	Change
			□ Add
			Петюче
			Change
			🗆 Add
			Remove
			□Change
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		<del></del>	□Remove
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ffective date, if other than the fan effective date is listed, the date mu	the date of filings the specific at	ng:	or to date of fil	ing or more than	option  90 days after fil	.al) ling.) Purstant to 605	0207 (3
Note: If the date inserted in this be locument's effective date on the D	lock does not	meet the appli	cable statuto	ry filing requi	rements, this d	late will not be liste	d as th
			-				
record specifies a delayed effective d is filed.	re date, but no	ot an effective	time, at 12:0	t a.m. on the c	earlier of: (b)	The 90th day after	the
oated MAY 9		2022					
		- · <u> </u>	<del></del> - ·	$\overline{}$			

Filing Fee: \$25.00

Typed or printed name of signee