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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

: (845)425-0077

Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

rund1	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EMPIRE 561 LLC**

Certificate of Status	0
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K. SALY

MAL 9 2025

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED
2025 JAN-8 PM 3: 11
FALLAHASSE: FLORID,

EMPIRE 561 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	and assigned
Florida document number L22000207983		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Empire Development Holdings LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my dutic provided for in Chapter (es, and I am familiar with and 505, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			Remove O.S. D. Change.
			7 © Remove
			A Change.
			□Add
			□Remove
			Change
			□Add
			□Remove
			Cl Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove

Page: 4 of 4

If amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary.)
	10. L
	SS P
	<u> </u>
•	
Note: If the date inserted	r than the date of filing:
ne record specifies a delay ord is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated8	
	/s/Marc Elkman
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00