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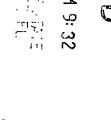




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COVER LETTER

Tallahassee, Fl. 32314

TO: Registration Division of C				
	CARD MERCHANTS LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
	spondence concerning this matter	-		
	EDOUARD MELLUL			
		Name of Person		
	UNITED CARD MERCH	ANTS LLC		
		Firm/Company		
	19589 NE 10th Ave			
		Address	 	
	Miami, FL 33179			20
		City/State and Zip Code		24 AI
	admin@empirecapitalms.co			, , , , ,
	E-mail address: (to be used for future annual report notif	ication)	2-3 AH 9
For further informatio	n concerning this matter, please c	rall:		A A
EDOUARD MELLU	I.	786 813 2976	- -	2024 APR - 3 AM 9: 3
Nan	ne of Person	at () Area Code Daytime	: Telephone Number	~ ~ ~
Enclosed is a check for	or the 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 \$6 Certified Copy (additional copy is e	atus &
Mailing Add Registratio Division o P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Corp The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED CARD MERCHANTS 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 tiled on $\frac{05/09/2022}{1}$ and assigned Florida document number L22000217968 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EMPIRE CAPITAL MANAGEMENT SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 19589 NE 10th Ave Miami, FL 33179 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 register 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 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
			□Add
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00