

672000243352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

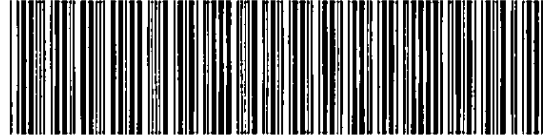
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/22/22--01013--004 \*\*25.00

FILED  
2022 JUL 22 PM 4:10  
CLERK OF COURT  
STATE OF TEXAS

A. BUTLER

OCT 14 2022

22000243382

message

Shirley Ladino <silvatop1@gmail.com>  
: NewFilingsCorpHelp@dos.myflorida.com

Tue, Jun 21, 2022 at 11:36 A

This newly formed corporation Empire of Cars llc Has a typo on one of the names due to character settings.  
Please fix :

This is how it is printed

Title MGR

ROJAS MUÑOZ, DIEGO A  
1508 WHITEHALL DR APT 401  
DAVIE, FL 33324

should be Muñoz or Munoz if the character is not allowed.

When the application was reviewed it did not prompt me to change anything and it successfully went through.

Please see attached copy of the application for your review

7/18/22 The Application was filled properly and accepted

We are enclosing fee \$25 but this was not our error.

I sent text/email but no response.

  
Shirley Ladino  
Accountant  
Silva Top Solutions  
Accounting and Professional Services  
silvatop1@gmail.com  
321-460-0303  
Hablamos su Idioma

Please refund or  
send check back  
once you research  
the findings



APPLICATION- EMPIRE OF CARS LLC.pdf  
1255K

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EMPIRE OF CARS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

diego rojas munoz

\_\_\_\_\_  
Name of Person

silva top solutions

\_\_\_\_\_  
Firm/Company

840 deltona blvd ste j

\_\_\_\_\_  
Address

deltona fl 32725

\_\_\_\_\_  
City/State and Zip Code

silvatopl@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

shirley ladino

386 2561010  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

EMPIRE OF CARS LLC

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

2022 JUL 22 PM 4:10

FILED  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 25, 2022 and assigned  
Florida document number L22000243382.

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 "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*

Florida

*City*

*Zip Code*

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	DIEGO A ROJAS MUÑOZ	1508 WHITEHALL DR APT 401	<input type="checkbox"/> Add
		APT 401	<input type="checkbox"/> Remove
		DAVIE FL 33324	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**