

L22 000 421 102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

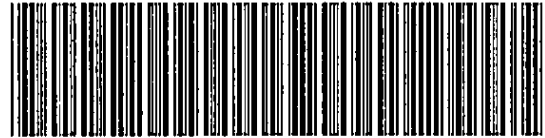
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400395927594

17 14:22--01095--016 ++25.00

FILED
2022 OCT 14 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FL

a 1/8/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empire Insurance Team 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:

Kevin Abrams

Name of Person

Empire Insurance Team LLC

Firm/Company

7965 STATE ROAD 50 SUITE 1000-238

Address

GROVELAND, FL 34736

City/State and Zip Code

admin@empirefield.team

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

For further information concerning this matter, please call:

Kevin Abrams

407 340-4102

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

FILED

DEPT. OF STATE
TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

(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