## L22000463560

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## **COVER LETTER**

₹ro:	Registration S Division of Co	ection rporations	·	
SUBJE		pire Holding LLC		
Ç0141	<u></u> _	Name of Lin	nited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	amitted for filing	
		ondence concerning this matter		
		Eudy G. Matos Ciprian		
			Name of Person	<del></del>
		Matos Empire Holding L1	.c	
			Finn/Company	
		110 Lee Boulevard		
			Address	
		Lehigh Acres, FL 33936		
			City/State and Zip Code	
		eudygmatos1@outlook.com	to be used for future annual report not	
For furt	her information co	oncerning this matter, please of	·	Hication)
Eudy M			646 894-1505	
	Name of	f Person		e Telephone Number
Enclose	d is a check for th	e following amount:		
<b>\$</b> \$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 S		<u>Street Address:</u> Registration Sec	ction

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

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

2023 MAY -3 PM 1: 33 Matos Empire Holding 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 10/27/2022 and assigned Florida document number \_L22000463560 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:

## 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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fecti	ve date, if other than the date of filing:(optional)
n effe ote:	ective 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 ( If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as t
cum	ent's effective date on the Department of State's records.
cor	d 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
is fil	ed.
. 1	05-03-2023/
itea <sub>-</sub>	
	A /
	Signature of a member or authorized representative of a member