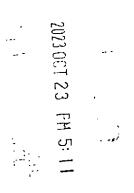
## 

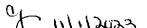
(Requestor's Name)
(Address)
(Address)
(1-1-1-1-1-1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialistic Values),
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





10/23/23-+01031--003 \*\*25.00





## **COVER LETTER**

TO: .	Registration So Division of Cor	ection rporations	. ,	•			
, SUBJE0		ELITE ELC	•				
SODJE	C1.	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		JOSE ALVARADO					
			Name of Person				
		EMPIRE ELITE LLC					
		Firm/Company					
		13251 MEMORIAL HIGH					
			Address				
		MIAMI, FL 33161					
		City/State and Zip Code					
		jose1alvarado@hotmail.cor					
		E-mail address: (	to be used for future annual report noti	fication)			
For furth	her information of	concerning this matter, please ca	all:				
JOSE A	LVARAĐO		305 930-3673				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclose	d is a check for t	he 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)	<ul> <li>S60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000

Zip Code

EMPIKE ELITE LLC		LUZS OCT 23 PH 5: 11	
( <u>Name of the Limited</u> (/	Liability Compa Florida Limited	iny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Lial	pility Company	and the second s	
orida document number	·		
is amendment is submitted to amend the follow	ving:		
If amending name, enter the new name of t	he limited liab	ility company here:	
a nous nouse has dissinguished a land of the	4-61:	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
		ity Company, the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1227 MOVIONAL (1122/1124)	
rincipal office address MUST BE A STREET	<u>ADDRESS)</u>	13251 MEMORIAL HIGHWAY APT 15	
		MIAMI, FL 33161	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		13251 MEMORIAL HIGHWAY APT 15	
		MIAMI, FL 33161	
If amending the registered agent and/or reg	gistered office :	address on our records, enter the name of the new registe	
ent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:	JOSE ALVARADO		
New Registered Office Address:	13251 MEMOI	RIAL HIGHWAY APT 15	
		Enter Florida street address	
	MIAMI	33161	

## 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.

City

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
AMBR	JOSE ALVARADO	271 N STAR AVE	□Add
		PANAMA CITY, FL 32404	■Remove
			□Change
AMBR	JOSE ALVARADO	13251 MEMORIAL HIGHWAY APT 15	<b>≣</b> Add
		MIAMI, FL 33161	□Remove
			□Change
	<del></del>		
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

٠.	N/A
	·
•	
•	<u> </u>
,	
	<del></del>
T. CC .	10/19/2023
(If an ef Note:	fective date, if other than the date of filing:  [10/19/2023]  [10/19/20
ne recor ord is fi	rd 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 led.
Dated	OCTOBER 19. 2023
	Signature of a member or authorized representative of a member