05:04 PM TO:18506176383 FROM:4073703120 Page: 2 .01/14/2025

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(((H24000409841 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 : (407)370-3686 Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address:		_
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMPIRE INVESTMENTS AND BUSINESS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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K. SALY

JAN 16 2025

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TO:18506176383 FROM:4073703120

COVER LETTER

	of Corporations	
SUBJECT: EMI	IRE INVESTMENTS AND BUSINESS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.	
Please return all c	prrespondence concerning this matter to the following:	
	CAROLINE LARSON	
	Name of Person	ENTS AND BUSINESS LLC Name of Limited Liability Company ent and fee(s) are submitted for filing. DLINE LARSON Name of Person SON ACCOUNTING GROUP Firm/Company KINGSPOINTE PKWY STE 17 Address ANDO, FL 32819, US City/State and Zip Code @LARSONACC.COM E-mail address: (to be used for future annual report notification) et his matter, please call: 407 3703686 Area Code Daytime Telephone Number ng amount: 200 Filing Fee & \$60.00 Filing Fee,
	LARSON ACCOUNTING GROUP	
	Firm/Company	
	7901 KINGSPOINTE PKWY STE 17	
	Address	
	CAROLINE LARSON CAROLINE LARSON Name of Person LARSON ACCOUNTING GROUP Firm/Company 7901 KINGSPOINTE PKWY STE 17 Address ORLANDO, FL 32819, US City/State and Zip Code ALAN@LARSONACC.COM E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: NE LARSON Name of Person 1 407 Area Code Daytime Telephone Number is a check for the following amount: OF Filing Fee Certificate of Status Certificate of Status	
		OLINE LARSON Name of Person SON ACCOUNTING GROUP Firm/Company KINGSPOINTE PKWY STE 17 Address ANDO, FL 32819, US City/State and Zip Code N@LARSONACC.COM E-mail address: (to be used for future annual report notification) g this matter, please call: 407 3703686 at ()
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For further inform		
CAROLINE LAF	50	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	k for the following amount:	
■ \$25.00 Filing	Certificate of Status Certified Copy Certificate of Stat (additional copy is enclosed) Certified Copy	us &

Malling 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

05:04 PM

TO:18506176383 FROM:4073703120

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEL
2025 JAN 15 PM 2:50
TALLAHASSEL FLOPIO.

EMPIRE INVESTMENTS AND BUSINESS 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 I Florida document number L24000070942	Liability Company	were filed on 02/0	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		17534 LAKE STAR RD			
(Principal office address MUST BE A STRE		WINTER GARD	EN, FL, 34787		
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		17534 LAKE STAR RD			
		WINTER GARDEN, FL, 34787			
B. If amending the registered agent and/or agent and/or the new registered office addre	_	address on our re	cords, <u>enter the name of the new registered</u>		
Name of New Registered Agent:	JOÃO CARLO	S DE SOUZA FRE	ITAS JUNIOR		
New Registered Office Address:	17534 LAKE STAR RD				
	Enter Florida street address				
	WINTER GAR	LDEN	, Florida 34787		
		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

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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	<u>Address</u>	Type of Action
MGR	DE SOUZA, RICARDO	15852 SHOREBIRD LANE	□Add
		WINTER GARDEN, FL 34787	≣Remove
			☐ Change
MGR	PREMIER USA ENTERPRISES L	17231 MELOGOLD WAY	
		WINTER GARDEN, FL 34787	□ Remove
			□ Change
			TAND SE T
			□Change P 2: 5
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			Change
			①Add
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record s	specifies a delayed effective date, b l.	ut not an eff	fective time,	at 12:01 a.m.	on the earlier o	f: (b) The 9	Oth day after	the
ated _	JANUARY, 14		025.					
	Signatur	e of a membe	r or authorize	d representative	of a member			