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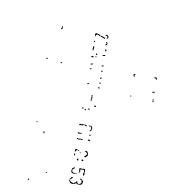
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

AT IN TO CAR	EMPIRE MAINTENAN	CE SERVICES FLORIDA, L	LC
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Edwin Reyes	
		Name of Person	
	EMPIRE MA	AINTENANCE SERVICES F Firm/Company	LORIDA, LLC
		18648 NW 67th Ave.	
		Address	
		Hialeah, FL. 33024	
		City/State and Zip Code	
	F-mail address: (eesworld@gmail.com to be used for future annual rep	port notification)
For further information c	concerning this matter, please c		
Edwin	Reyes	at (<u>954</u>)	548-7971
Name c	if Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Add	
Registration Division of C			on Section of Corporations
P.O. Box 632			re of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPIRE MAINTENANCE SERVICES FLORIDA, LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comparting document number	ny were filed on	02/19/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the des	ignation "LLC" or the a	bbreviatione L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			رت ب
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our rec	cords, <u>enter the nar</u>	ne of the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Floric	la 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>	Name	Address	Type of Action
VP	Vivian K. Pena	18648 NW 67th Ave. Hialeah, FL. 33015	□Add
			∕ □Remove
			□Change
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ective o		optional)
effectiv <u>e:</u> If th	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days he date inserted in this block does not meet the applicable statutory fifing requirements	s after filing.) Pursuant to 605.020 s, this date will not be listed as
	's effective date on the Department of State's records.	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
s filed.		
ed	·	
	Edwin Reues	
	Edwin Reyes Signature of a member or authorized representative of a member	

Filing Fee: \$25.00