6/20/24, 8:47 AM　　　　　　　　　　Division of Corporations

L240009 5642

Florida Department of St
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000213996 3)))

||||||||| BARCODE |||||||||

H240002139963ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

```
To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : VCORP SERVICES, LLC
        Account Number  : I20080000067
        Phone           : (845)425-0077
        Fax Number      : (845)818-3588

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

        Email Address:_____
```

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EMPIRE 2ND TERRACE MM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

M. SOLOMON

JUN 20 2024

Electronic Filing Menu　　　Corporate Filing Menu　　　Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Empire 2nd Terrace MM, 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 2/26/2024 _____ and assigned

Florida document number L24000095642 _____.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: _____

New Registered Office Address: _____
                                        Enter Florida 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, <u>Signature of New Registered Agent</u>

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

Title	Name	Address	Type of Action
-MGR	ELKMAN, MARC	201 NE 3RD ST	☐ Add
		BOCA RATON, FL 33432	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

r   _ . ___   _____

_____

_____

_____

_____

_____

_____

_____

_____

r   _ . ___   _____

_____

_____

_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated ___June 20_____ , ___2024_____ .

's Scott Kerner
_____
Signature of a member or authorized representative of a member

Scott Kerner
_____
Typed or printed name of signee

Filing Fee: $25.00