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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

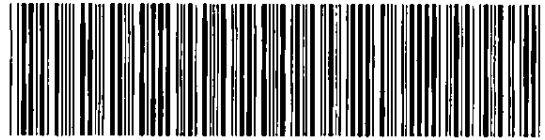
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J. HORNE
AUG 27 2024

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08/23/24--01011--007 **25.00

FILED
2024 AUG 23 PM 3:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lubin's Empire LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Dozier
Name of Person

Lubin's Empire LLC
Firm/Company

730 52nd St
Address

West Palm Beach FL 33407
City/State and Zip Code

MotionEmpireLLC@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benelle Lubin at (561) 566-0540
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lubin's Empire LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 AUG 23 PM 3:30

The Articles of Organization for this Limited Liability Company were filed on 7/09/2024 and assigned
Florida document number L24000306297

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:

Renelle Lubin

New Registered Office Address:

730 52nd St

Enter Florida street address

West Palm Beach

City

Florida

33407

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.

R.L.

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Beneite Lubin	730 52 nd St West Palm Beach FL 33409	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jamie E. Dozier	825 Brandon Prescott Ln WPB FL 33401	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

TO: Registration Section
Division of Corporations

SUBJECT: Lubin's Empire LLC
Name of Limited Liability Company

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Please return all correspondence concerning this matter to the following:

Jamie Dozier
Name of Person

Lubin's Empire LLC
Firm/Company

730 52nd St
Address

West Palm Beach FL 33407
City/State and Zip Code

MotionEmpireLLC@yahoo.com
E-mail address: (to be used for future annual report notification)

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Benelle Lubin at (561) 566-0540
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Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
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(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:

Renelle Lubin

New Registered Office Address:

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Enter Florida street address

West Palm Beach

City

Florida

33407

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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R.L.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) name(s)
removed from our records:

IGR = Manager
MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
NGR	Beneite Lubin	730 52 nd St West Palm Beach FL 33407	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
NGR	Jamie E. Dozier	825 Brandon Prescott Ln WPB FL 33401	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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