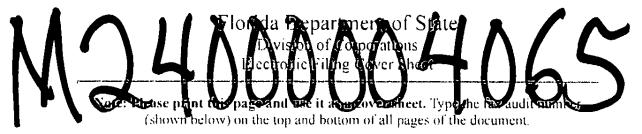
4/4/24, 10:20 AM

Division of Corporations



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To:

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Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I2008000067 Phone : (845)425-0077 : (845)818-3588 Fax Number

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

mail	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMPIRE COCOANUT, LLC

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M. SOLOMON

APR - 4 2024

Electronic Filing Menu — Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	rs on the records of the Florida E	Department of
State: Empire Cocoanut, LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lis	ability company is: M240000040	965
3. Jurisdiction of its organization: Delaware		<u>.</u>
4. Date authorized to do business in Florida: 3/28	5/2024	
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company:(mus	st contain "Limited Liability Cor	npany, " "L.L.C.," or "L.L.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopting the al	ousiness in Florida and attach a ternate name. The alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records address here:	s, enter the name of the new
Name of New Registered Agent;		
New Registered Office Address:		a Street Address
	Enter Floride	
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	cgistered Agent: out and agree to act in this capac cand complete performance of m tered agent as provided for in Ci in the registered office address.	y duties, and I am familiar with hapter 605, F.S. Or, if this

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8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:						
itle/ Capacity	<u>Name</u>	Address	Type of Action			
MBR	Empire 2nd Terrace MM, LLC	e/o Empire Development				
		315 SE MIZNER BLVD. Suite#202	⊠Remov			
		Boca Raton, FL 33432	Excuse			
			□Add			
			□Remov			
ABR	Empire Cocoanut MM, LLC	c/o Empire Development	\$\overline{\mathbb{L}}\dd			
		315 SE MIZNER BLVD, Suite#202	□Remov			
		Boca Raton, FL 33432				
			□Add			
			□Remov			
aforemention	ecertificate, if required: no more than ned amendment(s), duly authenticated ander the law of which this entity is or	by the official having custody of records in the	□Remov			
	/s/Scott Kerner					
	Signature	of the authorized representative				

Filing Fee: \$25.00