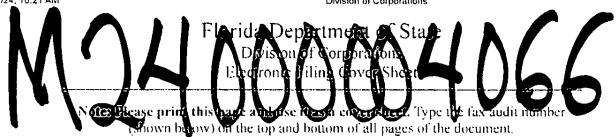
4/4/24, 10:21 AM

Division of Corporations



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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 : (845)818-3588

우center the email address for this business entity to be used for future 보으므 annual report mailings. Enter only one email address 하는 보다는

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

Certificate of Status	0
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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	ars on the records of the Florida E	Department of
State: Empire Cocoanut MM, LLC		
Emer 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 I	iability company is: M240000040	166
Jurisdiction of its organization:		.;
4. Date authorized to do business in Florida: 3/2		
SECTION II (5-9 complete only the applicable	e changes)	
5. New name of the limited liability company:(mu	ist contain "Limited Liability Cor	npany, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or moust contain "Limited Liability Company," "L.L.	anaging members adopting the al	
6. If amending the registered agent and/or registered agent and/or the new registered office	red officer address on our records	s, enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	a Street Address	
_	City	, Florida Zip Code
New Registered Agent's Signature, if changing Be 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 registerent is being filed to merely reflect a change liability company has been notified in writing of the company has been notified in writing the company has been notified in the company has been notified in the company has been notified in the company has be	Registered Agent: ent and agree to act in this capac er and complete performance of m stered agent as provided for in Co e in the registered affice address,	rity. I further agree to comply with ny duties, and I am familiar with hapter 605, F.S. Or, if this
——————————————————————————————————————	Changing Registered Agent, Sign	nature of New Registered Agent

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
1BR	Empire 2nd Terrace MM, LLC	c/o Empire Development	
		315 SE MIZNER BLVD, Suite#202 Boca Raton, FL 33432	🗵 Remo
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aforemention	recrificate, if required; no more than ned amendment(s), dufy authenticated ander the law of which this entity is or	by the official having custody of records in the	□Remo
	's Scott Kerner		

Filing Fee: \$25.00