# M32159

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: EMPIRE BUILDERS AND DESIGNERS, INC. DOCUMENT NUMBER: M32159 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL A. TIRITILLI Name of Contact Person Firm/ Company 10591 Boca Entrada Blvd. Address Boca Raton, FL 33428 City/ State and Zip Code MikeT@empirecm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( $\frac{561}{\text{Area Code & Daytime Telephone Number}}$ Michael A. Tiritilli Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

## Articles of Amendment Articles of Incorporation

EMPIRE BUILDERS AND DESIGNER	S, INC.			
(Name o	of Corporation as currently	filed with the Florida Dept.	of State)	
M32159				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006. Florida Statutes, this I	Florida Profit Corporation ado	opts the following amendn	nent(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The ne	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	.orp," "Inc," or "Co"1			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		10591 Boca Entrada Blvd.		
		Boca Raton, FL 33428	1021	: ব
			£2	ا دست ستد
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		10591 Boca Entrada Blvd.	3	1 1
		Boca Raton, Fl. 33428	بن	المنيط
			10	۲
D. If amending the registered agent ar			e of the	
new registered agent and/or the ne	w registered office address:			
Name of New Registered Agent	MICHAEL A. TIRITILLI			
	10591 Boca Entrada Blvd.			
	(Florida stre	ret address)		
New Registered Office Address:	Boca Raton		Florida_33428	-
	(City)		(Zip Code)	

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

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

### If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

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Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer, CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

#### Example: X Change $\underline{PT}$ John Doe X Remove ¥ Mike Jones $\underline{SV}$ X Add Sally Smith Type of Action Title Address <u>Name</u> (Check One) DP ENRICO TIRITILLI 9392 Sun Pointe Drive 1) \_\_\_\_ Change Boca Raton, FL 33428 Add Remove DP MICHAEL TIRITILLI 10591 Boca Entrada Blvd. 2) \_\_\_\_ Change X = AddBoca Raton, FL 33428 Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 4) \_\_\_\_ Change \_\_ Add Remove 5) \_\_\_\_ Change Add Remove 6) \_\_\_\_ Change

	nending or adding additional Article (ch additional sheets, if necessary).	(Be specific)			
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prov	amendment provides for an exchar visions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification Iment if not contain	i, or cancellation of i	ssued shares, nt itself:	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	tion and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
bv ."	
(voting group)	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cot appointed fiduciary by that fiduciary)  MICHAEL A. TIRITILLI	
(Typed or printed name of person signing)	<del></del>

PERSONAL REPRESENTATIVE

(Title of person signing)