

N2300004073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

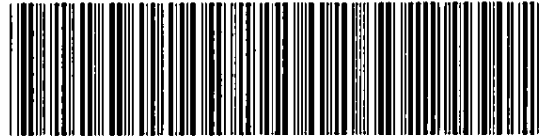
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Special Instructions to Filing Officer:

Officer / Director
Resignation

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TALLAHASSEE, FL

AM

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMPREDAMOS INC
(Name of Corporation)

DOCUMENT NUMBER: N23000004073

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVIN CAMARGO RIERA
(Name of Person)

(Name of Firm/Company)

1146 NW 7th Ct Apt 803
(Address)

Miami, Florida 33136
(City/State and Zip Code)

For further information concerning this matter, please call:

Stevin Camargo at (786) 6098982
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

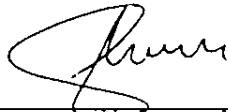
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, STEVIN Comargo Rivera, hereby resign as Director
(Title)

of EMPIRENDAMUS INC
(Name of Corporation)

N23000004073, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FL

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314