## 700600032

(Requestor's Name)	
(Address)	70029084
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	10/03/1601031-
(Document Number)  Certified Copies Certificates of Status	
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## **COVER LETTER**

Division of Corpocations
NAME OF CORPORATION: Empire Confluedor Inc  PK 00 00 60 632
DOCUMENT NUMBER: 1 600 00 60 60 60 C
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Aurelia ibano
Name of Contact Person
Firm/ Company
+45 S Hawthorne Auc ,
Address
Apopka Fl 32703 City/State and Zip Code
City/State and Zip Code
Empire. Empire 64 @ gmoil-Com
E-mail address: (to be used for future annual report actification)
For further information concerning this matter, please call:
Name of Contact Person at 631, 704 8394  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Cosporations P.O. Box 6327 Tallahosase, FL 32314  Street Address Amendment Section Division of Cosporations Clifton Building 2661 Executive Center Circle Tallahosase, FL 32301



October 6, 2016

AURELIA IBARRA 18 W SEAGLOWER ST APOPKA, FL 32704

SUBJECT: EMPIRE CONTRACTOR INC

Ref. Number: P16000060632

We have received your document for EMPIRE CONTRACTOR INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 416A00021589

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16 OCT 20 PM 1: 05

DEPARTMENT OF STATE

NUISION OF STATE

NUISION OF EARTHONS

ALL ANASSEE FLANIDAS

Articles of Amendment
to
Articles of Incorporation

	of	маноц			
Ema	C 1 1	0 T o			
The state of the s	poration as currently fi		Dept. of St	ate)	
	00 60 632				
	Document Number of Co	orporation (if known)	<u> </u>	<del></del>	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Flo	rida Profit Corporati	on adopts th	ne following am	endment(s) to
A. If amending name, enter the new name of	the corporation:				
	NA			The	new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	". A professional co. [."	rporation n	or the abbre	viation ain the
B. Enter new principal office address, if app		745 S	HOW	thorne.	<u> Au</u> c
(Principal office address <u>MUST BE A STREE</u>	<u>( ADDKESS</u> )	Apopka	FI	32703	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		P.0 Bo	X 146	8	
		Apopko	Fl	327 04	<del></del>
D. If amending the registered agent and/or r new registered agent and/or the new regis		in Florida, enter the	name of t	ne	
Name of New Registered Agent	Wone		· <u></u>		
	(Florida street	address)			
100 441	Nov	•	Til a=i	1.	
New Registered Office Address:	(Ci		, Floric	(Zip Code	)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	n <mark>g Registered Agent:</mark> gent. I am familiar with	and accept the oblig	ations of the		2016 ECT
	N/I				120
	Signature of New Reg	istered Agent, if chang	ging	FEORIDA	

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)

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	<u>PT</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	<u></u>	Alicio Jackelina melendez	2535 S Samovan Blud Apt 1623
Remove			Orlando F1 328 22
2)Change			
Add			
Remove			
3)Change			
Add			
Remove			
4)Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
·	
,	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	•
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
MIX	
	<del></del> -
	. <u></u>

				8634384968	ρ.4
The date of each amendment(s) adoptions date this document was signed.	્ઈ	octoba	Tole		if other than U
Effective date if applicable:		00/20 PC1			
	(no more l	rhan 90 days a	fter amenda	ums file date)	
Note: If the date inverted in this block doc document's effective date on the Department	es not most the i of State's reco	applicable sta rds.	tutory filing	requirements, this date t	vill and be listed as t
Adoption of Amendment(s) (	CHECK ONE	)			
The amendment(s) was/were adopted by by the shareholders was/were sufficient, is		s. The number	o (Voics car	st for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each vol	y the stareholde ting group entit	as through vol led to vote sep	ing groups. anately on th	The following seasement is amendment(s):	,
"The number of votes cast for the a	mendincut(s) w	as/were suffici	en for appn	oval	
/ px	(voting group)			r	
	(voung group)			٠,	
The amendment(1) was were adopted by	the board of dir	ectors without	sherebolder	action and stareholder	
action was not required.					
		rs without shar		on and shareholder	
action was not required.  [] The smendment(s) was/were adopted by				on and singuisolder	
action was not required.  [] The amendment(s) was/were adopted by action was not required.  Dated OCA	the incorporator			on and singuionider	
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action was not required.  The amendment(s) was/were adopted by action was not required.  Dated OCA  Signature (By a director, selected, by an	the incorporator  Co 201  Harden or other incorporator - incorpora	6 s officer - if s f in the hands	ebolder active	officers have not been; trustee, or other court	
action was not required.  The amendment(s) was/were adopted by action was not required.  Dated OCA  Signature (By a director, selected, by an	the incorporator  Co 201  Harden or other incorporator - incorpora	es officer – if of fire the hands uniary)	ebolder active	officers have not been; trustee, or other court	