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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Empire Building ME Inc					
DOCUMENT NUMBER: P2 10000 22557					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MISTY SCHOOLE Name of Contact Person Empire Buildmane Inc Firm/ Company LISTED NW TH STREET UNH LOOH Address MIAMI FL 3312-LO City/ State and Zip Code					
E-mail sedress: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
misty schroeder 1312, 9783992					
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:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Empire Prildinamo Inc	Φ
(Name of Corporation as currently	ly filed with the Florida Dept. of State)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	-
(Florida stro	reet address)
New Registered Office Address:	, Florida
•	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	it with and accept the obligations of the position.
Signature of New Re	legistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (21 HA)
The amendment(s) is are being their pursuant to s. 007.0120 (11) ((6), 1.0.

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 <math>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 Do	^a	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	$\sqrt{\Phi}$	_	Ramone D Patte	1500 U5LED NW 7th
Add				MIAMIFL 3312Ce
X Remove				
2) Change				
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				****
5) Change		_		
Add				The state of the s
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if neo	cessary). (Be specifi	ic)			
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n amendment provides for	r an exchange, reclas	sification, or canc	ellation of issued s	hares,	
<u>rovisions for implementing</u>	<u>the amendment if no</u>	ot contained in the	amendment itself	<u>.</u>	
(if not applicable, indicate	te N/A)				
	-				
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The date of each amendment(s) ad-	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requartment of State's records.	juirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors withou	ut shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for icient for approval.	or the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the ac	e following statement mendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient for approva	1
by		
	(voting group)	2021 HAY - 7
		-116- -176-
Dated		<u> </u>
		- 7
Signature C	X5chinaai C	
(By a dire	our, president or other officer - if directors or office	arc house not been
selected,	by an incorporator - if in the hands of a receiver, tru	stee, or other court
appointed	I fiduciary by that fiduciary)	29
)	nisty schroeder	
	(Typed or printed name of person signing)	
_	4-27-2021	
	(Title of person signing)	