P22000081011

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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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S. ROBERTS AUG 1 5 2023

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

	WAGNERS GROUP,	INC.		
NAME OF CORPOR				
DOCUMENT NUME	P22000081011 BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	LAZAREFF, MITCHELL			
		Name of Contact Persor	1	
	EMPIRUS, INC.			
	3095 NE 190TH STREET, AI	Firm/ Company Pf. 201		
	Address AVENTURA, FL 33180			
		City/ State and Zip Cod	<u> </u>	
	LAZAREFFON@GMAIL.CO	•		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
LAZAREFF, MITCHI	ELI,	305 at (927-8747	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (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		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	of Corporation as currently	filed with the Florida Dept. of State)	
122000081011			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Clorida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new n EMPIRUS, INC.	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,"	Corp." "Inc," or "Co". A	ompany," or "incorporated" or the abbre professional corporation name must o	The new eviation "Corp.," contain the word
		3095 NE 190TH STREET,	
B. Enter new principal office address, (Principal office address MUST BE A S		201	
		AVENTURA, FL 33180	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3095 NE 190TH STREET,	2072
		201	
		AVENTURA, FL 33180	
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office addre w registered office address: LAZAREFF, MITCHELL	ss in Florida, enter the name of the	3: PS
Nume of New Registered Agent	3095 NE 190TH STREET, 2	01	
	(Florida stree	et address)	
New Registered Office Address:	AVENTURA	331 , Florida	
	(1)	City)	(Zip Code)
New Registered Agent's Signature, if call the state of the appointment as registered to the appointment as registered to the state of t	fered agent. I am familiar w	th and accept the obligations of the posi	ition.

Check if applicable

The amendment(s) is/are being filed pursuant to s, 607,0120 (11) (e), F.S.

5 6 3 3

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.

X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
_X Add	SV Sa	lly Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One) X	P	LAZAREFF, MITCHELL	3095 NE 190TH STREET,
1) Change			201
Add			AVENTURA, FL 33180
Remove			
2) Change			
Add			
Remove 3) Change			
Add		-	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if	litional Articles, enter c necessary). (Be specific	c)		
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an amendment provides	for an exchange, reclass	sification, or cancella	ition of issued shares,	
rovisions for implementi (if not applicable, indic	ng the amendment if no	t contained in the ar	nendment itself;	
(у пот арупсате, так	.ute WA)			
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<u> </u>	·			<u>-</u>

The date of each amendment(s) add	ption:	, if other than the
late this document was signed. JUL 5	, 2023	
Effective date <u>if applicable</u> :	(no more than 90 days after	amendment file date)
Note: If the date inserted in this blo locument's effective date on the Dep		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of dia	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number officient for approval.	f votes cast for the amendment(s)
	oved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes cast i	or the amendment(s) was/were sufficier	nt for approval
by		<u>.</u> .
	(voting group)	
JUL 5, 2023		
Dated		
	/// 1//	
Signature		
a di di	perfor, president or other officer – if dire by an incorporator – if in the hands of	ectors or officers have not been
selected	ed fiduciary by that fiduciary)	a receiver, trustee, or other court
₹ ~	AZAREFF, MITCHELL	
	(Typed or printed name of pe	erson signing)
	PRESIDENT	
	(Title of person signing)	