

L09000081754

Pamela Emily LLC
(Requestor's Name)

812 N.W. 171 Terr
(Address)

(Address)

miami, FL 33169
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

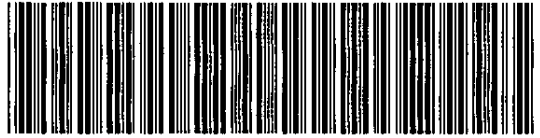
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200160354442

09/08/09--01009--021 **25.00

09 SEP 8 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S. HAWKES

SEP 14 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2009

PAMELA EMILY LLC
812 NW 171 TERR
MIAMI, FL 33169

SUBJECT: PAMELA EMILY, LLC
Ref. Number: L09000081754.

We have received your document for PAMELA EMILY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 609A00029906

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pamela Emily LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/25/09 and assigned

Florida document number ~~L08000081754~~
L09000081734

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Emily Services 3, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED
09 SEP 8 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Pamela Emily	812 nw 171st Terr Miami FL 33169	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Christina Emily	812 nw 171st Terr Miami FL 33169	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 SEP 8 PM 1:45
 STATE OF FLORIDA
 TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 31, 2009

m. Emily
 Signature of a member or authorized representative of a member

Michael Emily
 Typed or printed name of signee