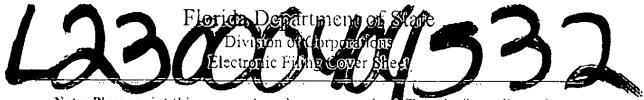
Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350080514 Phone : (727)442-1290 Fax Number : (727)443-5829

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

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## JLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMERGE RECOVERY HOLDINGS, L.L.C.

Certificate of Status	0
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Page Count	03
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SEP 6.8 2028 PH

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERGE RECOVERY HOLDINGS, L.L.C.		
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our remited Liability Compuny)	reo ds.)
The Articles of Organization for this Limited Liability Com	ipany were filed on 8/28/2023	and assigned
Florida document number L23000404532		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LEC" or the abbreviation "L.L.C."
Enter new principal offices uddress, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
		- 3
		٠,٥
<ol> <li>If amending the registered agent and/or registered of agent and/or the new registered office address here:</li> </ol>	ffice address on our records, g	nter the name of the new register
		(
Name of New Registered Agent:		<u>.,</u>
New Registered Office Address:		42
	Enter Florida street a	daress
·	100	, 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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	MOSHE SOFER	1245 COURT STREET	
		CLEARWATER, FL 33756	■Remove
		1245 COURT STREET	
MGR MOSHE SAFFER	MOSHE SAFFER	CLEARWATER, FL 33756	<b>.</b>
			DRemove
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			□Change
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		· · · · · · · · · · · · · · · · · · ·	□ Remove
			П.С

<u>Note:</u>	tive date, if other than the date of filing:
the recordis fi	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the filed.
Dated	September 7 - 2023
	Cllalle
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00