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To:

Division of Corporations

Fax Number : (850)617-6383

Fram:

Account Name : GG CONSULTING SERVICES CORP

Account Number : I20210000143 Phone : (786)631-8656 Fax Number : (786)360-4066

 $\overline{\Box}$

Enter the email address for this business entity to be used for future Tenter the email address for this business entity to be used for full common and report mailings. Enter only one email address please.

Oncome Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMMA305 LLC

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Corporate Filing Menu

HelpEMIEUX JAN 1 0 2024 Registration Section

TO:

COVER LETTER

Division of	Corporations		
EMMA	A305 LLC		
SUBJECT:		nited Liability Company	·
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	espondence concerning this matte	r to the following:	
	ORLANDO J GONZALI	≟Z ′	
		Name of Person	**************************************
	GG CONSULTING SER	VICES CORP	
		Firm/Company	
	95 MERRICK WAY, TH	IRD FLOOR. SUITE 300	
	-	Address	
	CORAL GABLES, FL 33	3134	
		Cîty/State and Zip Code	
	_	SULTINGSERVICES.COM	
	E-mail address:	(to be used for future annual report no	tification)
For further information	on concerning this matter, please of	call:	
ORLANDO J GONZALEZ		786 631-8656	
Nei	ne of Person		ne Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	on Section f Corporations	Street Address: Registration Se Division of Co The Centre of 12415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Comp (A Fiorida Limited	any as it now appears on our records Liability Company))
he Articles of Organization for this Limited lorida document number L23000544160	Liability Compan	y were filed on 01/01/2024	and assigned
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited lia	bility company here:	
I/A			
ne new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Agiling address MAY BE A POST OFFICE	E BOX)		
	registered office	address on our records, enter t	he name of the new registe
. If amending the registered agent and/or cent and/or the new registered office addr	ess here:		
If amending the registered agent and/or tent and/or the new registered office addr Name of New Registered Agent:	N/A		
ent and/or the new registered office addr	ess here:		
ent and/or the new registered office addr	ess here:	Enter Florida street address	
Name of New Registered Agent:	ess here:	, Flor	.,
-	<u>N/A</u>	, Flor	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CARLOS A. LA VALLE	5837 DAWSON STREET	□Add
		SUITE C	■Remove
		HOLLYWOOD, FL 33023	☐ Change
MGR	FRANCISQUELO NICOLAS	5837 DAWSON STREET	_Add
		SUITE C	≣ Remove
		HOLLYWOOD, FL 33023	□Change
MGR	OPM RENTALS LLC	5837 DAWSON STREET	
		SUITE C	□Remove
		HOLLYWOOD, FL 33023	
			□ Add
			□Remove
			☐ Change
-,- · · · ·			□Add
			□Remove
			Change
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cord specifi	s a delayed effective	ve date, but not	an effective t	ime, at 12:01 a	a.m. on the ear	rlier of: (b)	The 90th day after	r th
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ted		Signature of a	sember or such		tative of a mami	^a*		
JANUA		Signature of a n	nember or auth	orized represent	tative of a mem	ber		

Filing Fee: \$25.00