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Registration Section

TO:

Div	ision of Cor	porations		
eun ipet.	Emerging F	futures, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Tomas Diaz-Marin		
			Name of Person	
		Anderson Business Adviso	ors	
			Firm/Company	
		3225 McLeod Dr., Suite 10	00	
		· ·	Address	
		Las Vegas, NV 89121		
			City/State and Zip Code	
		ra@andersonadvisors.com		
		E-mail address: (to be used for future annual report	notification)
For further i	nformation c	oncerning this matter, please co	all:	
Tomas Diaz	-Marin		800 706-474	
	Name o	f Person		rtime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address Registration	
		Corporations	Division of C	
P.0	D. Box 632	.7		of Tallahassee
Ta	Hahassee, 1	FI 32314	2415 N. Moi	nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emerging Futures, LLC	
(<u>Name of the Limited Liability Company as it now appears on ou</u> (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on 07/22/202	1 and assigned
Florida document number L21000358121	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	on the or the abbreviation that the
(Principal office address MUST BE A STREET ADDRESS)	. <i>(</i>)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	. 39
B. If amending the registered agent and/or registered office address on our records	enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stred	
City	, Florida
Çti	zap Coac

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 amending Anthorized 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>	<u>Address</u>	Type of Action
MGR	Dr. Deborah Frances Jenks	3225 McLeod Dr., Suite 100	□Add
		Las Vegas, NV 89121	□Remove
			■Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
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			□Remove
			□Change

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Effective date, if other than the da	e of filing:
document's effective date on the Depa	
	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ra is illea.	
rd is filed. September 14th Dated	. 2021
September 14th Dated	Temas Digit Mann