

# LO1000021055

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(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



400329003144

05/06/19--01005--017 \*\*25.00

RECEIVED

19 MAY -6 PM12:51

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FBI SD

2019 MAY -6 AM 9:57

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Emotuibs Investments L.L.C.

Signature \_\_\_\_\_

Requested by: Seth

05/06/19

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

172 Ponder's Printing • Thomasville, GA 30761

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

RECEIVED  
19 MAY -6 PM 12:42  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emotions Investments L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Seth

Name of Person

Capital Connections, Inc.

Firm/Company

417 E. Virginia St., Suite 1

Address

Tallahassee, Fla. 32301

City/State and Zip Code

Hilarytravels@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hilary Langen, Esq.

Name of Person

at ( 305 )

Area Code

674-0023

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Emotions Investments L.L.C.

(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 December 5, 2001 and assigned  
Florida document number L01000021055.

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 "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 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

| <u>Title</u>  | <u>Name</u>      | <u>Address</u>   | <u>Type of Action</u>                   |
|---------------|------------------|--|---|
| AMBR/<br>MGRM | Wilhelm Daghofer | c/o Langen, P.O. Box 398570<br>Miami Beach, Fla. 33239 | <input checked="" type="checkbox"/> Add |
|               |                  |  | <input type="checkbox"/> Remove         |
|               |                  |  | <input type="checkbox"/> Change         |
|               |                  |  | <input type="checkbox"/> Add            |
|               |                  |  | <input type="checkbox"/> Remove         |
|               |                  |  | <input type="checkbox"/> Change         |
|               |                  |  | <input type="checkbox"/> Add            |
|               |                  |  | <input type="checkbox"/> Remove         |
|               |                  |  | <input type="checkbox"/> Change         |
|               |                  |  | <input type="checkbox"/> Add            |
|               |                  |  | <input type="checkbox"/> Remove         |
|               |                  |  | <input type="checkbox"/> Change         |
|               |                  |  | <input type="checkbox"/> Add            |
|               |                  |  | <input type="checkbox"/> Remove         |
|               |                  |  | <input type="checkbox"/> Change         |
|               |                  |  | <input type="checkbox"/> Add            |
|               |                  |  | <input type="checkbox"/> Remove         |
|               |                  |  | <input type="checkbox"/> Change         |

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

Article IV is amended as follows:

The last paragraph of Article IV shall be removed in its entirety,  
and the Heading of such Article shall read only as follows:

FORMATION, MANAGEMENT, with the words "AND OFFICERS" removed from  
such heading

Article V is amended so as to remove the word "Officer" from its  
text

See  
Exhibit A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 3, 2019

Hilary

Signature of a member or authorized representative of a member

Langen

Hilary Langen

Typed or printed name of signee

FILED  
2019 MAY -6 AM 9:57  
MADEIRA

Exhibit A



Department of State / Division of Corporations / Search Records / Detail By Document Number /

## Detail by Entity Name

Florida Limited Liability Company  
EMOTIONS INVESTMENTS L.L.C.

### Filing Information

Document Number L01000021055  
FE/EIN Number 80-0009315  
Date Filed 12/06/2001  
State FL  
Status ACTIVE

### Principal Address

115 E PALM MIDWAY  
MIAMI BEACH, FL 33139

Changed: 02/26/2009

### Mailing Address

C/O LANGEN & LANGEN  
PO BOX 398570  
MIAMI BEACH, FL 33239

Changed: 04/07/2003

### Registered Agent Name & Address

LANGEN, HILARY  
115 E PALM MIDWAY  
MIAMI BEACH, FL 33139

Address Changed: 02/26/2009

### Authorized Person(s) Detail

#### Name & Address

Title MGR

LANGEN, HILARY  
115 E PALM MIDWAY  
MIAMI BEACH, FL 33139

Title Manager

Langen, Christopher  
115 E PALM MIDWAY

## MIAMI BEACH, FL 33139

**Annual Reports**

| Report Year | Filed Date |
|-------------|------------|
| 2017        | 03/14/2017 |
| 2018        | 04/10/2018 |
| 2019        | 03/11/2019 |

**Document Images**

|  |  |
|--|--|
| <a href="#">03/11/2019 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">04/10/2018 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">03/14/2017 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">03/28/2016 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">04/03/2015 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">04/14/2014 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">03/21/2013 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">03/20/2012 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">04/18/2011 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">03/18/2010 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">02/26/2009 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">03/04/2008 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">04/23/2007 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">03/21/2006 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">03/11/2005 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">03/30/2004 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">04/07/2003 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">03/07/2002 - ANNUAL REPORT</a>               | <a href="#">View image in PDF format</a> |
| <a href="#">12/08/2001 - Florida Limited Liabilities</a> | <a href="#">View image in PDF format</a> |



**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**L010000021055**

Emotions Investments LLC

300004711663--4  
-12/06/01-01044-027  
\*\*\*125.00 \*\*\*125.00

RECEIVED

01 DEC -6 AM 11:38

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Signature \_\_\_\_\_

Requested by W 12/6 10:39  
Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ ☒ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

01 DEC -6 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

ARTICLES OF ORGANIZATION  
OF EMOTIONS INVESTMENTS L.L.C.  
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I  
NAME

The name of this limited liability company is EMOTIONS INVESTMENTS L.L.C.

ARTICLE II  
MAILING AND PRINCIPAL OFFICE ADDRESSES

The mailing address of the limited liability company is:

c/o Langen & Langen, P.A.  
P.O. Box 388570  
Miami Beach, Fla. 33239-8570

and the street address of the registered office of the limited liability company is:

c/o Langen & Langen, P.A.  
115 E. Palm Midway  
Miami Beach, Fla. 33139.

ARTICLE III  
REGISTERED AGENT

The name of the registered agent of the limited liability company is:

Hilary Langen  
115 E. Palm Midway  
Miami Beach, Fla. 33139.

The business office of the registered agent and the foregoing registered office are identical.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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, Florida Statutes.

  
Registered Agent's Signature

ARTICLE IV  
FORMATION, MANAGEMENT AND OFFICERS

The limited liability company is formed by a sole Member, by and

APPROVED  
AND  
FILED  
01 DEC -6 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

through its undersigned duly authorized Authorized Representative.

The limited liability company is to be managed by one or more Manager(s), who may or may not be the Member, from time-to-time. The name and address of the initial sole Manager are:

Hilary Langen  
112 S. Hibiscus Drive  
Miami Beach, Fla. 33139,

who is not a Member.

The limited liability company shall have a President, Secretary, and Treasurer. The name and address of the initial President/Secretary and Treasurer are:

Hilary Langen  
112 S. Hibiscus Drive  
Miami Beach, Fla. 33139.

#### ARTICLE V INDEMNITY

The limited liability company shall indemnify and hold harmless each and every Manager, Officer, Employee, Authorized Representative, Registered Agent, and Agents from and against any and all claims and demands whatsoever, to the fullest extent allowed by law.

#### ARTICLE V EFFECTIVE DATE

The Effective Date for this limited liability company shall be the date when the Florida Secretary of State files these Articles.

Date: December 5, 2001.

As: Authorized  
Representative of  
Sole Member

Hilary Langen  
Typed name of sign

01 DEC -6 PM 12:45  
SECRETARY OF STATE  
PALM BEACH  
FLORIDA

APPROVED  
AND  
FILED

h/1/dan ii