

#L020000017045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG 28 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EM Florida Real Estate, LLC
Name of Limited Liability Company

Dear Sir or Madam:

~~The enclosed Registered Agent/Registered Office Change~~ ^{AMENDMENT} and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sonya Keyser, Trustee
Name of Person

EM Florida Real Estate, LLC
Firm/Company

3801 S. Ocean Dr. # 12-0
Address

Hollywood, FL 33019
City/State and Zip Code

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

For further information concerning this matter, please call:

X Sonya Keyser at (212) 227-3930
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 AUG 26 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EM Florida Real Estate 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 07/08/2002 and assigned
Florida document number ~~020436066~~ #L02000017045

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 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:

Sonya Keyser, Trustee

New Registered Office Address:

3801 S. Ocean Drive # 12-0

Enter Florida street address

Hollywood
City

Florida

33019

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.

X Sonya Keyser Trustee
If Changing Registered Agent, Signature of New Registered Agent

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:

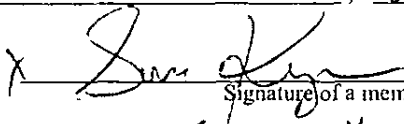
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------|-----------------------------------|--|
| <u>P</u> | <u>Emil Makovetsky</u> | <u>80 Lyman Place</u> | <input type="checkbox"/> Add |
| | | <u>Staten Island, Ny 10304</u> | <input checked="" type="checkbox"/> Remove |
| <u>P</u> | <u>Sonya Keyser, Trustee</u> | <u>3901 South Ocean DR. #12-0</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Hollywood, FL 33029</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, 2013

X 

Signature of a member or authorized representative of a member

Sonya Keyser, Trustee

Typed or printed name of signee

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Filing Fee: \$25.00