

From: Bill Moore
10/28/12

Fax: +1 (850) 445-7335

To:

Fax: +1 (850) 617-6383

Page 2 of 5 10/29/2012 1:18 PM

L04000074418

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000259196 3)))



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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC
Account Number : I20050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

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2012 OCT 29 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: bill@activatemylicense.com

RECEIVED
12 OCT 29 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE EMERY COMPANY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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J. BRYAN

OCT 30 2012

EXAMINER

(((H12000259196 3)))

FAX**Date:** 10/29/2012**Pages including cover sheet:**

5

To:	
Phone	
Fax Number	+1 (850) 617-6383

From:	Bill Moore
	Contractors' Reporting Servi
	13795 N Nebraska Ave
	Tampa
	FL 33613
Phone	+1 (813) 445-7135
Fax Number	+1 (813) 445-7135

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE EMERY COMPANY, LLC
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:

BILL MOORE

Name of Person

CONTRACTORS REPORTING SERVICE, INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33624

City/State and Zip Code

bill@activatemyllicense.com

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

For further information concerning this matter, please call:

BILL MOORE

Name of Person

(813) 932-5244

Area Code & 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

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TALLAHASSEE, FLORIDA

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

THE EMERY COMPANY, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on 10/14/2004 and assigned
Florida document number L04000074418

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 "LLC."

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:

EMERY, CHARLES R

New Registered Office Address:

2845 W KING ST; SUITE 204

Enter Florida street address

COCOA

Florida

32926

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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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CTEmery

321-639-1883

p.2

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

Title	Name	Address	Type of Action
MGR	CHARLES T EMERY	5425 LAKE POINSETTE ROAD COCOA FL 32926	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JUDITH M EMERY	615 PAULA AVE MERRIT ISLAND, FL 32953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CHARLES R EMERY	3900 PLAYA DEL SOL #101 ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BARRY A ORR	280 ANDROS DR MERRIT ISLAND, FL 32952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Dated October 29, 2012

Signature of a member or authorized representative of a member

CHARLES R EMERY

Typed or printed name of signer