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J. SAULSBERRY EXAMINER MAR 2 9 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EMMALE LC	
Name of Foreign Limited Liability Company	
Dear Sir or Madam:	
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) of Managing Member(s) and fee(s) are submitted for filing.	or
Please return all correspondence concerning this matter to the following:	
Susan Tiffany Name of Person	
Name of Person /	
Fig. (Campan)	2
Firm/Company	=
605 Lincoln Rd #240	2011 MAR 28
Address	28
Miami Beach FL 33139 City/State and Zip Code Susan Diros o Camail 1000	MAR 28 AH
City/State and Zip Code	हुं 🖫
	5
Susan Dicoso Camail 1000 E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
(usan Tiffany at (305) 798 0753	
Susan Tiffany at (305) 798 075 3 Name of Person Area Code and 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 \$ \$30 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMMAL								
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now app Liability Company	ears on our record	<u>s.</u>)				
The Articles of Organization for this Limited Li Florida document number		were filed on <u>f</u>	May 23,2	006 a	nd assign	ned		
This amendment is submitted to amend the follo	wing:							
A. If amending name, enter the new name of	the limited liab	oility company h	ere:	SECRE	7011 MA			
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ited Liability Con	pany," the designat		the abb	reviation		
Enter new principal offices address, if applica	ıble:			OF SE		77 3—		
(Principal office address MUST BE A STREE	T ADDRESS)	 		RATE OF	<u>-</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>80X)</u>	605 Mian	Lincoln ni Bch	RQ FL :	#2 3313	40		
B. If amending the registered agent and/oregistered agent and/or the new registered off			our records, en	iter the n	ime of t	the new		
Name of New Registered Agent:	Sus	ian Ti	ffany					
New Registered Office Address:	605	Lincoln	Enter Florida street address City Florida Florida Florida Florida Florida Florida Florida Florida					
	Miami	Bch	Sch, Florida 33/39					
				Zip	Code	. ——		
New Registered Agent's Signature, if changing R	egistered 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.

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 **Address Type of Action Title** Name Remove ☐ Add Remove ☐ Add ☐ Remove Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00