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(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:				
A. LUNT SEP 24 2012: EXAMINER				

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COVER LETTER

Registration Section

TO:

Division	of Corporations		
SUBJECT:	EMI	ESHEL LLC	
	Name of Lim	ited Liability Company	
The enclosed Art	ticles of Amendment and fee(s) are su	bmitted for filing.	
Please return all	correspondence concerning this matte	r to the following:	
	C	lemens W. Pauly, Esq.	
		Name of Person	
		PAULY P.A.	
		Firm/Company	
•	84	15 Ponce de Leon Blvd.	MIZ SEP 20 PH 2 87 ALLAH AGSEE, FLORIDE
		Address	
			SEE P
	Cor	City/State and Zip Code	
			CARDE STATE
	E-mail address:	pauly@cpauly.com (to be used for future annual report notification	
For further inform	mation concerning this matter, please	call:	
	Ol M. Baulo	005	2000
	Clemens W. Pauly Name of Person	at (305) 648 Area Code & Daytime Tel	83909 ephone Number
			•
Enclosed is a che	eck for the following amount:		
 √ \$25.00 Filing		\$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is envioused)	(additional copy is enclosed)
_	MATING ADDDCCC.	STREET/COURIER	A DDD FCC.
MAILING ADDRESS: Registration Section		Registration Section	
•	Division of Corporations P.O. Box 6327	Division of Corporation Clifton Building	1S
	Tallahassee, FL 32314	2661 Executive Center	Circle
		Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EMESH	IEL LLC		
(<u>Name of the Limite</u> (d Liability Comp A Florida Limited	any as it now appea Liability Company)	ers on our records.)	
The Articles of Organization for this Limited	Liability Compan	y were filed on	07/27/2007	and assigned
Florida document number L0700007	7599			
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company he	re:	
	N/	A	م	ω Σ
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	nited Liability Comp		
Enter new principal offices address, if appli	cable:	N/A	က် ဟ	20
(Principal office address MUST BE A STRE	ET ADDRESS)		in in	<u> </u>
			()	
				do
Enter new mailing address, if applicable:		N/A	PACL	
(Mailing address MAY BE A POST OFFICE	E BOX)			
	2011/			
B. If amending the registered agent and	or registered o	ffice address on	our records, enter th	ne name of the new
registered agent and/or the new registered of	office address he	<u>re</u> :	<u> </u>	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
,		Ei	nter Florida street addr	ess
			, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
MGR	Maria Cecilia Gonza	lez <u>PO Box 12413</u> Miami Fl 33101	✓ Add ☐ Remove			
			Add Remove			
			Add Remove			
			And Add			
D. If am	nending any other information,	enter change(s) here: (Attach additional sheets	s, if necessary);			
Dated	September 19th	_, _2012//.))				
	Signature of a member of authorized representative of a member Clemens Pauly, as authorized representative of a member					
		Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00