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Division of Corporations

Fax Number : (850)617-6383

From-

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (305)935-3500

Fax Number : (305)935~9042

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

EMO, LLC

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QUARASSEE, FLORIDA

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D. BRUCE

MAR 18 2009

**EXAMINER** 

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EMO, LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our re- Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (	Company were filed on March 16, 200	and assigned
Florida document numberL09000025537		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	ilted <u>liability company h</u> ere:	
ESTMO, X		25 <u>8 9 </u>
The new name must be distinguishable and end with the we "L.L.C."	rds "Limited Liability Company," the des	ignation "LLC" or he abbreviation
Enter new principal offices address, if applicable:		SS 7
Principal office address MUST BE A STREET ADD.	RESS)	
		<u> </u>
		<b>4.8</b> RID
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		·
	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	(Enter Florido	street address)
	· · · · · · · · · · · · · · · · · · ·	lorida
·	(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 = M MGRM =	Ianager Managing Member	,		
<u>Title</u>	<u>Name</u>		Address	Type of Action
				Add Remove
				Add Remove
				Add Remove
D. If ame	ending any other info		ge(s) here: (Attach additional sheets, if necessary.)	O9 MAR 17 AM 8: 4 SECRETARY OF STAT
Dated	March 17	Signature of a member	or building representative of a member	48 40A
			S. Leopold, Authorized Agent	
			d or printed name of signee	

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Filing Fee: \$25.00