

L09000081754

Pamela Emily LLC  
(Requestor's Name)

812 N.W. 171 Terr  
(Address)

miami, fl 33169  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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09 SEP 8 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

SEP 14 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2009

PAMELA EMILY LLC  
812 NW 171 TERR  
MIAMI, FL 33169

SUBJECT: PAMELA EMILY, LLC  
Ref. Number: L09000081754.

We have received your document for PAMELA EMILY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 609A00029906

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

Pamela Emily 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 08/25/09 and assigned

Florida document number ~~L08000081754~~  
609000081734

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Emily Services 3, LLC

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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, 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**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>  |
|--------------|-----------------|-------------------------------------|--|
| MGRM         | Pamela Emily    | 812 nw 171st Terr<br>Miami FL 33169 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Christina Emily | 812 nw 171st Terr<br>Miami FL 33169 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                 |                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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 STATE OF FLORIDA  
 TALLAHASSEE

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

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Dated August 31, 2009

*Michael Emily*

Signature of a member or authorized representative of a member

Michael Emily

Typed or printed name of signee