

LO9000109935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emettrv, 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:

Carolina Ramirez Lira  
Name of Person

Firm/Company

18246 Collins Avenue  
Address

Sunny Isles, FL 33160  
City/State and Zip Code

carolina@optimar.net  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Carolina Ramirez Lira at (305) 947-0477  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Emethru, 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 10/25/2011 and assigned  
Florida document number LD9000109935.

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 "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**)

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15 FEB - 2 PM 4:57  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

**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:

Advanced Managment Services TIO, LLC.

New Registered Office Address:

18246 Collins Avenue

Enter Florida street address

Sunny Isles

City

Florida

33160

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

|     |               |                      |                              |
|-----|---------------|----------------------|------------------------------|
| MGR | Jorge Gleizer | 18246 Collins Avenue | <input type="checkbox"/> Add |
|-----|---------------|----------------------|------------------------------|

|  |  |                       |  |
|--|--|-----------------------|--|
|  |  | Sunny Isles, FL 33160 | <input checked="" type="checkbox"/> Remove |
|--|--|-----------------------|--|

|     |                                      |                    |   |
|-----|--------------------------------------|--------------------|---|
| MGR | Advanced Management Services NO, LLC | 18246 Collins Ave. | <input checked="" type="checkbox"/> Add |
|-----|--------------------------------------|--------------------|---|

|  |  |                       |                                 |
|--|--|-----------------------|---------------------------------|
|  |  | Sunny Isles, FL 33160 | <input type="checkbox"/> Remove |
|--|--|-----------------------|---------------------------------|

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SECRET  
TELETYPE ROOM

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ *(optional)*

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days prior to the date this document is filed by the Florida Department of State)*

Dated January 26th, 2015

Signature of a member or authorized representative of a member

Jorge Gleizer

Typed or printed name of signee

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15 FEB -2 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA