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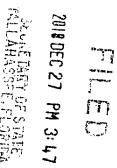
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Certified Copies	Certificate:	s of Status
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J. SAULSBERRY **EXAMINER**

COVER LETTER

TO:	Registration S Division of Co	ection rporations			
SUBJE	ECT:	Emini	Experts, LLC		
30001			ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
			Name of Person Emini Experts, LLC		
Firm/Company					
	P.O. Box 692746				2018
Orlando, FL 32869-2746			2018 DEC 27 WELLAHAS SER		
City/State and Zip Code					
		Ga F-mail address: (an@eminiexperts.com to be used for future annual report notificatio	n)	ా ³ హె ్చి ట
For fur	ther information	concerning this matter, please of		••,	PM 3: 47
		e S. Giovannetti		-2721	
	Name	of Person	Arca Code & Daytime Tele	ephone Number	
Enclose	ed is a check for	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations 30x 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limite</u>	EMINI EXDE d Liability Compan A Florida Limited Li	erts, LLC y as it now appea ability Company)	rs on our records.)				
The Articles of Organization for this Limited I Florida document numberL1000010		were filed on <u>S</u>	eptember, 27, 2	<u>010</u> ar	ıd assigı	ned	
This amendment is submitted to amend the following	lowing:						
A. If amending name, enter the new name of	of the limited liabi	lity company her	<u>·e</u> :				
	N/A						
The new name must be distinguishable and end w "L.L.C."	ith the words "Limit	ed Liability Compa	nny," the designation	"LLC" or	r the abb	previation	
Enter new principal offices address, if appli	cable:	N/A					
(Principal office address MUST BE A STRE	ET ADDRESS)						
Enter new mailing address, if applicable:		N/A		TACK.	2018 D		وي لد سناه
(Mailing address MAY BE A POST OFFICE	E BOX)			10-14	<u>E</u>	1 1	
		* - 104		多数	27	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	or registered off office address here	ice address on (our records, <u>enter</u>	the na	Fine of t	the new	
Name of New Registered Agent:	N/A						
New Registered Office Address:	N/A		ml . I				
		Enter Florida street address					
	 	, Florida City Zip Code					
		Cujr		Lφ	Cour		

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 **Type of Action** Name **Address** <u>Title</u> **MGRM** Ron L. Moskowitz 4724 Mascagni Street □ Add ☑ Remove Ventura CA 93003 Harold H. Moskowitz MGRM 24430 Victory Blvd ✓ Add Remove West Hills, CA 91367 n/a ☐ Add Remove n/a Add Remove n/a □Add Remove n/a ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated fignature of a member or authorized representative of a member GIOVANNETTI N Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00