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OCT 2 6 2011

EXAMINER

COVER LETTER

Division of Cor	rporations		
SUBJECT:	EMINI EXPERTS, LLC		
	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspo	ondence concerning this matter to the following:		
	DANTE S. GIOVANNETTI		
	Name of Person		
		يا بالمساحد	
	EMINI EXPERTS, LLC Firm/Company		
	, min company		
	9001 LEELAND ARCHER BLVD		
	Address		
	ODLANDO EL 22026		
	ORLANDO, FL 32836 City/State and Zip Code		
	DAN@EMINIEXPERTS.COM	<u> </u>	
43		007 25	
For further information or	E-mail address: (to be used for future annual report notification) concerning this matter, please call:	The second secon	
DANTE S	S. GIOVANNETTI at (407) 557-2721	PN 12: 2	
Name of	of Person Area Code & Daytime Telephone Number		
	وَّ	22	
Enclosed is a check for th	he following amount:	لت. ا	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing F	Fee	
7	Certificate of Status Certified Copy Certificate of	f Status &	يلان مستاح 🔒 🔒
	(additional copy is enclosed) Certified Cop (additional copy is enclosed)	py opy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

	<u>EMINI EXPE</u>	ERTS, LLC		
(Name of the Limited	Liability Compa	ny as it now appears on our record lability Company)	<u>s.</u>)	
(P	riorida Lillinea L	лаоппу Сопрану)		
The Articles of Organization for this Limited L	were filed on9/27/2010	0 and assigned		
Florida document number L10000100	0918			
This amendment is submitted to amend the foll	owing:	•		
A. If amending name, enter the new name o	f the limited liab	ility company here:		
-	- N/A			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company," the designat	tion "LLC" or the abbreviation	
Enter new principal offices address, if applic	able:	9001 LEELAND ARCHER BLVD		
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32836		
Trincipal Office anniess Most Bertothaer, 1857, 1857, 1857,				
Enter new mailing address, if applicable:		9001 LEELAND ARCHER BLVD		
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO, FL 32836		
IMULLING AUGUSS MAT BE A FOST OFFICE BOAT		0,12,1100,1120200		
B. If amending the registered agent and/	or registered of	fice address on our records, <u>e</u>	nter the name of the new	
registered agent and/or the new registered of	<u>fice address her</u>	2:		
			Do -	
Name of New Registered Agent:	- N/A -	•	FE O	
Name of New Registered Agent:				
New Registered Office Address:	- N/A -		Do north	
		Enter Florida stree	et addréss	
		, Florid	da <u>D</u>	
		City	皇Zip Code	
New Desistered Agent's Signature if changing I	Degistered Agents		∃ ₩ ₩	

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 **Title Address Type of Action** <u>Name</u> **MGRM** HAROLD H. MOSKOWITZ 24430 VICTORY ROAD ☐ Add ✓ Remove UNIT #9 WEST HILLS, CA 91367 🗌 Add Remove ☐ Add Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October Signature of a member or authorized representative of a member DANTE S. GIOVANNETTI, MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00