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J. SAULSBERRY **EXAMINER**

JUL 9 2012

COVER LETTER

	egistration Section vision of Corporations	
SUBJECT	EMERALD ATLANTIC L	LC
	Name of Limited Liability Company	y
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.	
Please retu	m all correspondence concerning this matter to the following:	•
	NATALIE J. CAST	ILLO
	Name of Person	
	EMERALD ATLANT	IC LLC
	Firm/Company	
	1600 SW 76TH	СТ
Address		·
	MIAMI EL 221	SECRETARY ALLAHASSEE
	MIAMI, FL 33155 City/State and Zip Code	
	NATALIE.JARAMILLO@	ME.COM
	E-mail address: (to be used for future ann	dai report nontrealion)
For further	information concerning this matter, please call:	F STALL
	NATALIE J. CASTILLO at (561)	632-8517
	ut \ = = /	Code & Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$25.00	Filing Fee \$\bigcup \frac{\$30.00 \text{ Filing Fee & } \bigcup \frac{\$55.00 \text{ Filing Fe}}{\text{Certificate of Status}}\$	
	Registration Section Regis Division of Corporations Divis P.O. Box 6327 Cliffor	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· E	MERALD ATLANTIC LLC	·			
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited L	• • •	10/15/2010	and as	signed	
Florida document numberL1000010	<u> 7959 </u>				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "I	LC" or the	abbrev	iation
Enter new principal offices address, if appli	cable:	-			
(Principal office address MUST BE A STRE	ET ADDRESS)		AS:	2012	_
			<u> </u>	<u>2</u>	<u>:</u>
Enter new mailing address, if applicable:			TARY ASSE	L-2	F.
(Mailing address MAY BE A POST OFFICE BOX)				ID 78	- ri
<u> </u>			\$7% (OR	ජීර	7
			D _A	20	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter t</u>	the name_	of the	new
Name of New Registered Agent:	NATALIE J. CASTILLO				
New Registered Office Address:	(SAME)				
	Enter Florida street address				
		, Florida		_	
	City		Zip Coo	te	

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

Page 1 of 2

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> Address **Type of Action MGRM** NATALIE J. CASTILLO 1600 SW 76TH CT ✓ Add Remove MIAMI, FL 33155 **NATALIE JARAMILLO** MGRM ☐ Add √ Remove _ ☐ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 2 2012 Dated _ Signature of a tative of a member NATAL'E J. CASTILLO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00