(Requestor's Name) (Address)	
(Address)	700333156677
(City/State/Zip/Phone #)	700333156677 08/14/1301003008 **75.00
(Business Entity Name)	08/14/1301003008 **75.00
(Document Number) Certified Copies Certificates of Status	19 AUG
Special Instructions to Filing Officer:	日日 日日 日日 日日 日日 日日 日日 日日 日日 日日 日日 日日 日日
	2019 AUG 13
Office Use Only	

COVER LETTER

TO: Registration Section Division of Corporations

· · · .

EXECUTIVE MANAGEMENT&CONSULTANTS INTERNATIONALLLC

SUBJECT: ___

For further

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:

JOHN HOLDER

Firm/Company	
455NE 5TH AVE STE 427	
	· · · · · · · · · · · · · · · · · · ·
Address	· · · · · · · · · · · · · · · · ·
DELRAY BEACH FL 33483	
	. •
City/State and Zip Code	
IOHNPHOLDER1@GMAIL.COM	•

JOHN HOLDER Name of Person		321 5 at ()	508-4005	
		Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is e	Certificate of Status &	

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

EXECUTIVE MANAGEMENT & CONSULTANTS	INTERNATIONAL LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1110000033215	were filed on <u>05/18/2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		201
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the	e abbreviation "LLC."
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)	455 NE 5TH AVE # 427 DELRAY BEACH FL 33483	ن در. 9
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ffice address on our records, <u>en</u> r <u>e</u> : 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MBR	TIERA GASSAWAY	777 NW 51ST STREET STE 116 DELRAY BEACH FL 33431	🖸 Add
			Remove
			Change
AMBR	AKINYELE ADAMS	820 OCEAN DR MIAMI FL 33139	🗆 Add
			Remove
			Change
	<u></u>		
			□ Change □ Change
			دی ف bbA ت
			Remove
			Change
			🖸 Add
			Change
			O Add
			Remove
		<u></u>	Change

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

	<u> </u>	1
		:
	<u> </u>	
ective date, if other than the date of filing:	(optional)	021

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

8/12/2019 Dated	· · · · ·
	nal 11
	Signature of another or authoritist representative of a member
JOHN HOLDER	
·····	Typed or printed name of signee

Filing Fee: \$25.00