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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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A. LUNT				
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EXAMINER				
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

то:	Registration S Division of Co					
SUBJECT:		EM	RISS LLC			
SCHOL	<u></u>	Name of Limi	ted Liability Company			
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			Zulfiquar Rahaman		_	
			Name of Person			
Firm/Company 3253 White Blossom Lane					-	
					_	
	Address				ארות הארות	
Clermont, FL 34711					PORTE ARE	ښار.
			City/State and Zip Code		BEC 27 AHASSEL	
		E mail address: //	zee29@msn.com to be used for future annual report notifi	(cation)	1.17	-
For fur	ther information	concerning this matter, please c		euton)	FLORIDA	Ö
Zulfiquar Rahaman			at (407) Area Code & Daytime	877-5625 e Telephone Numb		
			·			
Enclose	ed is a check for	the following amount:				
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certific	iling Fee, ate of Status & ed Copy onal copy is enclos	sed)

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

EMRISS LLC		
ity Company as it now appe a Limited Liability Company	ars on our records.)	
		and assigned
mited liability company h	ere:	
EMRIS LLC		
vords "Limited Liability Com	pany," the designation "L	LC" or the abbreviat
DRESS)		7 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	our records, enter tl	ie name of the n
iuress nere.		
	Enter Florida street addr	ress
_		
City	, Florida	Zip Code
	ity Company as it now apper a Limited Liability Company Company were filed on mited liability company here EMRIS LLC vords "Limited Liability Com DRESS) cistered office address on idress here:	mited liability company here: EMRIS LLC vords "Limited Liability Company," the designation "L DRESS) distered office address on our records, enter the didress here: Enter Florida street address, Florida

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

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Actio
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If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessar	
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	March 29 2	2011	
ed	2 refigned Kolon	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00