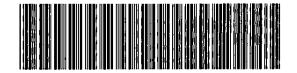
L11000120090

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SECRETARY OF STATE
ALLAHASSEE, FLORID

D. BRUCE
OCT 31 2011
EXAMINER

COVER LETTER

Division of Corpo	orations		
SUBJECT:	EMAM C	intering Inv	estments, LLC
	Name of Limite	ed Liability Company	,
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Manl	Name of Person	
	_	Name of Person	
		M CATENIS 1 Firm Company	Carestments, LLC
	17566	CIRCLE POND	ct.
		Address	
	BOCA	Rotos, FL.	SECRETARY OF STATE OCI 28 MIII: 31
	1007	City State and Zip Code	
	E-mail address: (to	be used for future annual report notificat	ion) XXX XX
For further information cor	neerning this matter, please cal	II:	
N. 1.	0000	(1)	STAIN STAIN
Name of I	reson	at (S6) Area Code & Daytime T	elephone Number
		·	
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrat	ion Section of Corporations	STREET/COURIER Registration Section Division of Corporati	
P.O. Box		Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

ARTICLES OF AMENDMENT TO 'ARTICLES OF ORGANIZATION OF

EM & M Cater	ing investmen	ts,llc	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appead Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on _	October 20, 2011	and assigned
Florida document numberL11000120090			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	i <u>ere</u> :	
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			ASS =
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			SSE 2
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			IME ORDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter th	ne name of the new
Name of New Registered Agent:	 		
New Registered Office Address:		·····	
	Ĭ	Enter Florida street addr	ess
	City	, Florida	Zip Code
	Ony		zip Cout

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:

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Marco DiLella	1360 Hammondville Rd. Pompano Beach, Fl 33069	Add Remove
			Add Remove
· .			Add Remove
			— ~
			Add Remove
		<u> </u>	Add Remove
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if neces	FIL SECRETARY ALLAHASSE
			SEE FOR SEE
			31
	October 25	2011	

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Filing Fee: \$25.00