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(Re	equestor's Name)	
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B. BOSTICK
JUN 1 3 2014
EXAMINER

MAILING ADDRESS:

Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

. 5

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Emangia, LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appe Liability Company	ears on our records.)		
The Articles of Organization for this Limited L Florida document numberL120000122		were filed on _	1/26/2012	and assigned	
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company	here:		
The new name must be distinguishable and end with the	words "Limited Lial	bility Company," (he designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		Emangia	, LLC	·	
(Principal office address MUST BE A STREET ADDRESS)		7456 Ro	yal Palm Bivd.	4	
		Margate,	FL 33063		
Enter new mailing address, if applicable:		Emangia	, LLĊ	5	
(Mailing address MAY BE A POST OFFICE BOX)		7456 Ro	yal Palm Blvd.	<u> </u>	
		Margate,	FL 33063		
				တ	
B. If amending the registered agent and registered agent and/or the new registered of	•		on our records, <u>enter</u>	the name of the nev	
Name of New Registered Agent:	Tony Maaraoui				
New Registered Office Address:	7456 Roy	al Palm Bl			
		Enter F	lorida street address	2000	
	Margate	City	, Florida <u>3</u>	3063 Zip Code	
New Registered Avent's Signature, if changing	Davieteral Acces			ZAP CIASE	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name Address **Type of Action** MGR Jean Hobeich _□ Add 17029 SW 16 St **■** Remove Pembroke Pines, FL 33027 ☐ Remove □ Add _□ Remove □ Add ¨ ☐ Remove □ Add ... ☐ Remove

			·	
				
<u> </u>				
Effective date, if of the effective date mass the date this document	other than the date of filir the specific, cannot be prior to d t is filed by the Florida Departm	ng:ate of receipt or filed date and	(optional) cannot be more than 90 days after	
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Dated 66/6	t is filed by the Florida Departma	ng:ate of receipt or filed date and ent of State)		

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