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COVER LETTER

TO: Registration Section
Division of Corporations

SHRIECT.

6223SMA, LLC

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:

Wesley W. Eaves

Name of Person

6223SMA, LLC

Firm/Company

123 W. Bloomingdale Ave., PMB 260

Address

Brandon, FL 33511

City/State and Zip Code

weaves526@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wesley W. Eaves

ູ₄,813、943-1474

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

Å \$25.00 Filing Fee

Å \$30.00 Filing Fee & Certificate of Status Å \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Å \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

6223SMA, LLC

(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were for Florida document number <u>L12000104623</u> .	iled on <u>08/14/2012</u>	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	mpany here:		
EMTE, LLC	_		
The new name must be distinguishable and end with the words "Limited Liability Cou	npany," the designation "LLC" or the a	bbreviation "L.L.	C."
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)			
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, <u>enter</u> \mathcal{C}_{j}	the name of	the new
Name of New Registered Agent:			*) * E
New Registered Office Address:	Enter Florida street address Florida	28 MI	The state of the s
Ci		Sip Code	alcone of
New Pegistered Agent's Signature if changing Registered Agent		5m 5	

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Å Add
			Å Remove
			Å Add
			Å Remove
			Å Add
			Å Remove
			*
			A Add
			HAY 2
			Constant Con
			A Remove AHAY 23 SSEC A Add OR D Remove
			Å Add

	nge(s) here: (Attach additional sheets, if necessary.)
Add EIN Number 46-5	013929
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
Dated May 20,	2014
	ember or authorized representative of a member
Wesley W. Eaves	
Т	yped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 MAY 23 AT ID: 16 SECTAL MASSEE, FLORIDA TALLAHASSEE, FLORIDA