Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001261383)))



H140001261383ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090

Phone : (305)670-1991

Fax Number

: (305)670-1993

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMERALD VENTURE HOLDINGS LLC

Certificate of Status 0 0 Certified Copy Page Count 03 \$25.00 Estimated Charge

B. BOSTICK

:>

ڌ. .

MAY 3 9 2014

EXAMINER

05/29/2014 14:25

3056701993

GUZMAN & GUZMAN PA

PAGE 02/05

Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.c

Electronic Filing Menu

Corporate Filing Menu

Help

23

: :

ز. ۱۸۹ 3056701993

GUZMAN & GUZMAN PA PAGE 03/05 H 14 000 12 6 13 8 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERALD VENTURE HOLDING	- ··· ·· · ·	
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L13000032945	Company were filed on <u>03/04/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·
		F. 27
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		>
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City , Flor	idaZip Code
	- ···	r

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

Page 1 of 3

MGR = Manager

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:

AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
MGR	CESAR HALPERN	9130 S DADELAND BLV	O ■ Add		
		STE. 1509	□ Remove		
		MIAMI, FL 33156			
			D Add		
			☐ Remove		
		 			
			🗖 Add		
			□ Remove		
			Add		
			C Remove		
			Add		
			_ □ Remove		
			تر		
			t⇔ □''Add		
			Remove		

	If amend	ling any other information, en	iter change(s) here: (Attach e	additional sheets, if necessary.)
. (The effectiv	date, if other than the date of we date must be specific, cannot be pric is document is filed by the Florida Dep	or to date of receipt or filed date and c	(optional) annot be more than 90 days after
	Dated	MAY, 29	, 2014	
		-::		
		Signatur	e of a termination authorized represe	ntative of a member
		G & G MANAGE		
			Typed or printed name of sig	ince