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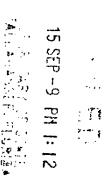
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COVER LETTER

Division of Cor	porations		
	EMMI LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	•		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Tony Morris		
		Name of Person	
	Florida EMMI LLC	,	
		Firm/Company	
· — - · · · —	109 Andersen St. Ste 109 -	Mare , - alle de l'Hanner mangager	
		Address	
	Marietta, GA 30060		
		City/State and Zip Code	
	tmorris@american-maglev.c	com o be used for future annual report notific	extion)
For further information of	oncerning this matter, please ca	•	
Tony Morris	oneting the name, product	404 386-4036	* *
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30,00 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)

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

Registration Section

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

Florida EMMI LLC The Articles of Organization for this Limited Liability Company were filed on 02/03/2014 Florida document number L14000018565 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Ziv Code

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jordan Morris	109 Andersen St, Ste 200	
		Marietta, GA 30060	
			Change
Chairman	Tony Morris	109 Andersen St, Ste 200	
		Mareitta, GA 30060	■ Remove
==			☐ Change
MGR	Tony Morris	109 Andersent St, Ste 200	Add
		Marietta, GA 30060	Remove
			☐ Change
			D Add
			. □ Remove
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n effective of	ite, if other than	n the date of the te must be specific	and campy in h	date of filin	g or more than 90	(optional) days after filing.) P	ursuant to 605.020
He: II IIIc	date inserted in the	uis diock does u	oi meet me app	dicable statutory	y filing requirem	ents, this date wi	Il not be listed a
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		Signature	f a member or a	uthorized represen	itative of a membe	ar .	

Page 3 of 3

Filing Fee: \$25.00