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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	EMF Ballo	on Designs LLC		
SUBJECT	;	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Eric Flynn		
			Name of Person	
			Firm/Company	
		PO Box 691783		
			Address	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status Certified Copy
		Orlando FL 32869		
		emf1983@hotmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Eric Flynn			570 493÷0685	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filiny Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

EMF Balloon Designs LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 5/12/2014	and assigned
lorida document number L14000076523		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
L & E Realtor Group LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		一
<u>Principal office address MUST BE A STREET ADDR</u>	RESS)	99 5 M
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Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		·
		1
3. If amending the registered agent and/or regis egistered agent and/or the new registered office add		rds, enter the name of the l
•		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	dress
		Florida
	City	Zip 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



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>	<u>Address</u>	Type of Action
AMBR	Lidia Davydko	7113 Sand Lake Reserve Dr	
		Apt 2309	Remove
		Orlando FL 32819	Change
			Add
			Remove
			A A A
			Remove
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	ock does not meet the appl	icable statutory filing re	(optional) than 90 days after filing.) P equirements, this date wi	ursuant to 605,020 Il not be listed a
e record specifies a delayed The 90th day after the rec	d effective date, but roord is filed.	ot an effective tim	e, at 12:01 a.m. or	the earlier o
ated	, 2018			
Fair	lluna			
<i>Duc</i>	flynn Signature of a member or aut	horized representative of a	member	

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Filing Fee: \$25.00