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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: EMI FOR YOU 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:
Attila von Somogyi Name of Person
EMI FOR YOU LLC Firm/Conpany
2931 N.W. 48th Street
Fort (arderdale, Fl. 33309 City/State and Zip Code Flamingo Classics @ aol. com E-mail address (to be used for future annual report notification)
City/State and Zip Code
Flamingo Classics and com
For further information concerning this matter, please call:
For further information concerning this matter, please call: Attila Vau Somogyi at (954 326-8153 = 5) Name of Person - Area Code Daytime Telephone Number (954)
Name of Person - Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ □ \$
MAILING ADDRESS: Registration Section Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flo	ability Company as orida Limited Liabil	it now appears ity Company)	on our records.)	<u></u>	
The Articles of Organization for this Limited Liability Florida document number <u>L14000161</u> .		e filed on <u>/ (</u>	0-16-20	14 and assig	ned
This amendment is submitted to amend the following	ţ:				
A. If amending name, enter the new name of the I	limited liability	company her	<u>e</u> :		•
The new name must be distinguishable and contain the words "	Limited Liability C	ompany," the des	ignation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)				
	_				
Enter new mailing address, if applicable:	· <u></u> -		,		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			· · · · · · · · · · · · · · · · ·	
	_		·		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office ddress here:	address on	our records, ente	r the name of	the new
Name of New Registered Agent:	Attila	Von	Somog	SECON SECON	77
New Registered Office Address:				B - 3	
		Enter Florid	a street address		
		City	, Florida _	Zip Coden	
New Registered Agent's Signature, if changing Register	ered Agent:			္မ်ားက တိ	÷

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 = Ma AMBR = Au	nager thorized Member	
<u>Title</u>	Name	Address Type of Action
MGR	Jolie Wright	Address 2931 N.W48th Street Fort Landerdale, Fl. 33309 & Add
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Filing Fee: \$25.00