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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	EMA STONE Name of Limi	ted Liability Company			_	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspor	ndence concerning this matter (	to the following:				
	54.50 3	50-11				
	ENES Z	Name of Person			_	
	EMA ST	DA/E 116				
	<u>EMA</u> 31	Firm/Company			_	
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	ema 5 to E-mail address: (t	ONE USA @ 5	mail- a	ation)	-	
For further information co	ncerning this matter, please ca				199	
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Name of	Person	at ( OP) Area Code	Daytime T	elephone Numb	oer S	
Enclosed is a check for th	e following amount:				t;: 00	
Z \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing For Certified Copy (additional copy is e		Certifi Certifi	Filing Fee, cate of Status a ed Copy nal copy is enclose	&
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Regist Divisi The C 2415	Address: cration Section of Corpo entre of Tal N. Monroe S assee, FL 3	orations lahassee Street, Suite	810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMA STONE CC.	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on	11-26-2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	nere:
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)	3
	SE A STREET ADDRESS)
	n de la companya de l
Enter new mailing address, if applicable:	'ဗ်ာ 
(Mailing address MAY BE A POST OFFICE BOX)	94 195 F
	POST OFFICE BOX)
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B. If amending the registered agent and/or registered office address on our	records, enter the name of the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:  Enter Flo	orida street address
	, 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>	Address	Type of Action
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		DORAL, FL 33122	Remove
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ective date, if other than the date of for effective date is listed, the date must be specified. If the date inserted in this block does returnent's effective date on the Department.	c and cannot be prinot meet the app	licable statutory	or more than 90 days a	fter filing.) Pu	
cord specifies a delayed effective date, but s filed.	t not an effective	e time, at 12:01 a	m. on the earlier of	: (b) The 9	Oth day after (
cd 5/18/2023		·			
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