

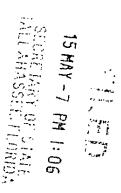
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COVER LETTER

TO:

Registration Section

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

:

Division of 0	Corporations		
SUBJECT: EM 221	0 LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
.	TAD GROUND	•	
		Name of Person	
	NUGENT & GROUND, I	LLC	
		Firm/Company	
	2455 E. Sunrise Blvd., Su	ite 807	
		Address	
	Fort Lauderdale, FL 3330	4	
	·	City/State and Zip Code	
	eyalmgo@gmail.com	to be used for future annual report notif	
Now Conthan in Consenting		•	ication)
	on concerning this matter, please c	aii;	
Eyal Musli		954 537-1717 át ()	
Nan	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or the 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)
MA	ALING ADDRESS:	STREET/COURI	ER ADDRESS:

. - .

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EM 2210 LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000072227</u>	were filed on 4/23/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
(Matting address MAT BE AT OST OFFICE DOA)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		5 €
	Enter Florida street address Florida	17-7 1887 1887
	City	Zip Codio
New Registered Agent's Signature, if changing Registered Agent:		500
I hereby accept the appointment as registered agent and agra provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Oi	familiar with and r, if this document is

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
AMBR	EYAL MUSLI	653 GRAND CONCOURSE	Add
		MIAMI SHORES, FL 33138	□ Remove
			■ Change
AMBR	MIRIAM L MUSLI	653 GRAND CONCOURSE	Add
		MIAMI SHORES, FL 33138	□ Remove
			■ Change
			Add
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fective date, if other than	the date of filing	04/23/2015		(01	ntional)	-<
in effective date, it other than in effective date is listed, the date ote: If the date inserted in this	must be specific and	cannot be prior to	date of filing or me	me than 90 days a	fler filing Liberi	iant-to:605-00
cument's effective date on the	Department of St	tate's records.	ie statutory timig	, requiremental		
					31A	- "
record specifies a dela The 90th day after the i	ved effective da record is filed.	ate, but not a	an effective t	me, at 12:0:	1 a.m.con.th	ne se arlier
MAY 6		2015	. •			
	Gyal	Musli				
			zed representative			

Page 3 of 3

Filing Fee: \$25.00