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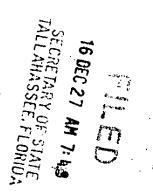
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12/27/16--01026--017 **25.00



COVER LETTER

TO:	Registration Section Division of Corpora		
SUBJ	ECT:	Name of Limited Liability Company	
The er	nclosed Articles of Ame	endment and fee(s) are submitted for filing.	
Please	return all corresponden	nce concerning this matter to the following:	
	_	Nima Anser,	
		Name of Person	
	-	Emma School Holling's LCC Firm/Company	
	_		
		36 17 E. Clark Circle Address Tamp. FL /33629 City/State and Zip Code	
	•••	City/State and Zip Code	
		Nima an Sari Dotumil. com E-mail address: (to be used for future annual report notification)	
		E-mail address: (to be used for future annual report notification)	
For fu	rther information concer	rning this matter, please call:	
	Nima	son at (8/3) 486-4386 Area Code Daytime Telephone Number	
	Name of Pers	ion Area Code Daytime Telephone Number	
Enclos	sed is a check for the fol	llowing amount:	
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Securificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:
Registration Section

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

Emma	Street Holdings LLC
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on $\frac{9/4/7015}{}$ and assigned 3
This amendment is submitted to amend the following	,. ''
A. If amending name, enter the new name of the l	imited 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 AD	DRESS)
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new
	AHA HA
Name of New Registered Agent:	SA N water
New Registered Office Address:	To B in
	Enter Florida street address
	City , Florida 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 amonding 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
Mar	Mustafa, Akser	2401 Bayshora BLVD. #1107	
		Tampa, FL 33629	Remove
			Change
Mar	Ozkul, Berkay	212 W. South Ave	Add
		Tampa FL 33603	■ Remove
		 	Change
	.		Add
			☐ Remove
			Change
			☐ Remove
•			
			B Add
			Remove
			Remove
			B Change

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Page 3 of 3

Filing Fee: \$25.00