LAWARS

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SEGRETARY OF STATE
TALLABASSELT LORIDA

MAR 1 8 2016 S. YOUNG

COVER LETTER

Division of Cor					
EMMA DE SUBJECT:	EVELOPER LLC				
SODSTACT:	Name of Limi	ted Liability Company			
	Amendment and fee(s) are submodence concerning this matter				
	HODOROV, JONATHAN				
		Name of Person			
		Firm/Company			
	3041 NE 183RD LANE			السد	ર્જે જ
		Address		S S	ECA:
	AVENTURA, FL 33160			-1 -1	- '기성' - 성진E
	samtov1@gmail.com	City/State and Zip Code		٠٣; : ت	
	E-mail address; (to be used for future annual report notif	ication)	2: 23	
For further information c	concerning this matter, please ca	all:		لب	1
HODOROV, JONATHA	\N	646 4277728 at ()			
Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	□ \$60.00 Filing Fee Certificate of Sta Certified Copy additional copy is e	itus &	

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2061 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMMA DEVELOPER LLC		
(<u>Name of the Limited Liabi</u> (A Floric	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.16000006903	Company were filed on 01/11/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "I u	mited Liability Company," the designation "I LC" or th	e abbreviation [L.L.(S) 02
Enter new principal offices address, if applicable:		6 15 15
(Principal office address MUST BE A STREET ADD		ラング いだっこう
		Pi.
Enter new mailing address, if applicable:		23 岩岩
(Mailing address MAY BE A POST OFFICE BOX)		ü gm
B. If amending the registered agent and/or registered agent and/or the new registered office ade		er the name of the nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Emer Florida street address	
	Florida	Zıp Code
	Crty	Zıp 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, it this document is being filed to merely reflect a change in the registered office address. Thereby 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 for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	KARNY, MIRIAM	3041 NE 183RD LANE AVENTUI	
			□ Remove
			☐ Change
			Add
			□ Remove
		·····	Change C
			Remover of
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· ————————————————————————————————————	-		
			□ Remove
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	t be specific and cannot be prior to date of filing or more than ock does not meet the applicable statutory filing requir	
the record specifies a delayed) The 90th day after the rec	d effective date, but not an effective time, a ord is filed.	it 12:01 a.m. on the earlier of:
Dated MARCH 13	2016	
-	Signature of a member or authorized representative of a mer	mber
KARNY, ISRAEL		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00