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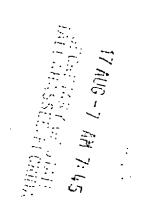
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AUG 0 8 2017

J SHIVERS

COVER LETTER

TO:

Registration Section Division of Corporations

	EMA PROJECTS, LLC					
SUBJECT:		Name of Lin	nited Liability Company			
The enclosed Ar	nicles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all	correspor	ndence concerning this matter	to the following:			
		ELENA PATRICIA MENESES ALBIZU DE DEL SOLAR				
		<u> </u>	Name of Person	•		
		EMA PROJECTS, LLC				
		·	Firm/Company	,		
	15049 SW 96 Terrace					
Address						
	Miami, Florida 33196					
			City/State and Zip Code	1		
		elenadelsolar@gmail.com				
		E-mail address: (to be used for future annual report not	ification)		
For further infor	mation co	ncerning this matter, please c	all:			
Yohan Gomez.	Esq.		305 265-8828			
	Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed is a che	eck for the	e following amount:				
■ \$25.00 Filing	g 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)		
	Registra Division P.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMA PROJECTS, LLC		
(<u>Name of the Limited Liabil</u> (A Flond	lity Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability (Company were filed on June 29, 201	6 and assigned
Florida document number L16000124991		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreyiation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	25 A D
		\$9.5
	-	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		201
		<u> </u>
3. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our rec lress here:	ords, enter the name of the
Name of New Registered Agent:	.	
New Registered Office Address:		
	Enter Florida street ad	ddress
		. 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
MGR	Antonio Miguel Del Solar Tomatis	15033 SW 96 Terrace Miami, FL 3	■ Add
			Remove
			Change
			□ Remove
			Change
			O Add
			□ Remove
			Change
			
			□ Remove
			Change
			☐ Add
			□ Remove
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Tective date, if other than the date of filing:	(ontional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or i	(optional) more than 90 days after tiling.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable statutory fillipeument's effective date on the Department of State's records.	ng requirements, this date will not be listed
record specifies a delayed effective date, but not an effective. The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
02/20/17	
ated $0+/25/1$	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00