11600174481

Office Use Only



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10/24/16--01017--002 **25.00



COVER LETTER

Division of Corporations
SUBJECT: Emerald Hooring !!! & LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person Coastal Accounting of NWFI Firm/Company Address
City/State and Zip Code City/State and Zip Code Chiller & Coastalac Country (No. 1) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Pelson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$

MAILING ADDRESS:

TO:

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

tmorald thooring i Tile	
(Name of the Limited Liability Company as it no gappears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 9\10\10 10 and ass	signed
Florida document number 116000174481	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited 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 ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name	of the new
registered agent and/or the new registered office address here:	
HARA	11
Name of New Registered Agent:	for residence.
New Registered Office Address:	l The state of the
Enter Floridu street address	hereing
, Floridation on the state of the stat	
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 **Address Type of Action Title** Name ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change _□ Add □ Remove _□ Change

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fective date, if other than the date of filing: on effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records.	nore than 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier o
nted <u>Oct 19</u> , <u>2016</u> .	
Signature of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00