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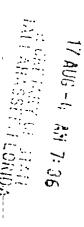
(Requestor's Name)	<u> </u>			
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PICK-UP WAIT	MAIL MAIL			
(Business Entity Nam	ne)			
(Document Number)				
Certified Copies Certificates	of Status			
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COVER LETTER

TO:

Registration Section

Divi	sion of Cor	porations		
	EMA DEM	IOLITION LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		LISET ANTUNEZ		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		EMA DEMOLITION LLC	:	1
			Firm/Company	
		4707 NORA AVE S		
		· · · - · · · · · · · · · · · · · · · ·	Address	
		LEHIGH ACRES, FL 339	76	
			City/State and Zip Code	
		LADYDI5460@AOL.COM	for future annual report not	iffection
For further in	formation c	oncerning this matter, please ca	•	The determination of the second of the secon
LISET ANT		Ç ,	239 771-5834	
		f Person	at ()	ne Telephone Number
	1.4		, and the state of	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	on orations
Tallahassee, FL 32314		2661 Executive C Tallahassee FL 3		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMA DEMOLITION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L16000196717 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 "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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>	<u>Address</u>	Type of Action
AMBR	FRANCISCO GUTIERREZ	5190 LILS LN FT MYERS FL 339	Add
			☐ Remove
			Change
			
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			│ │ □ Change
			□ Remove
			☐ Change

	;
	
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	AN A
	SS 1
	<u> </u>
	
	
Effective date, if other than the date of filing:	(optional)
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time, and The 90th day after the record is filed.	at 12:01 a.m. on the earlier of
Dated JULY 26, 2017	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00