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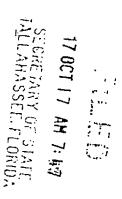
(Requestor's Name)
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	EMERSE E	EXPERIENCE LL ed Liability Company	<u>C</u>
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	4060	DOMNGUET Name of Person	
	<u> </u>	ら、 EXPENSIVE Firm/Company	lli
	<u>41 Ş</u>	51h STAVET Address	
		FLORADA 3313 City/State and Zip Code	
-	HUGO DM E-mail address: (t	ラ. の M E . つM o be used for future annual report i	notification)
For further information conc	erning this matter, please ca	II:	
Mame of Po	COSVACE.	at (<u>786</u>) <u>34</u> Area Code Day	2 - B699 nime Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing 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)

MAILING ADDRESS:

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

EMERGE	EXPERIENCE: LLC
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on 02/28/2017 and assigned
Florida document number <u>L17000047</u>	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)
B. If amending the registered agent and/oregistered agent and/or the new registered off	r registered office address on our records, enter the name of the naice address here:
Name of New Registered Agent:	SSS 77
New Registered Office Address:	
	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 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
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		DORAL, FL 33173	Remove
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	ROA # 10 A	
	ve date, if other than the date of filing: (optional)	
Note: 1	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lient's effective date on the Department of State's records.	05.02 sted
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	lier
Dated _	10 / 10 . 2017. Higob Signature of a member or authorized representative of a member	
	4/1908	

Page 3 of 3

Filing Fee: \$25.00