## 117000055413

(Re	equestor's Name)	······································
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## **COVER LETTER**

то:		istration Sect ision of Corp		# 10 A				
erib ie		EMC GOLF		*				
SUBJE	eci:	Name of Limited Liability Company						
The en	closed	Articles of A	mendment and fee(s) are sub-	nitted for filing.				
Please	return	all correspond	dence concerning this matter t	to the following:				
			Raandi Morales, Esq.					
				Name of Person		<del></del>		
			Rmorales Law, Plic					
				Firm/Company				
	2816 Beach Blvd S							
	Address							
			Gulfport, FL 33707					
				City/State and Zip Code		<del></del>		
			rmorales@sunesq.com			····		
			E-mail address: (t	o be used for future annual re	port notification)			
For fur	ther in	formation con	cerning this matter, please ca	H:				
Raandi Morales, Esq.				at ()	9675			
		Name of F	Person	Area Code	Daytime Telephone Nu	umber		
Enclose	ed is a	check for the	following amount:					
<b>\$</b> \$25	5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Cer sed) Cert	00 Filing Fee, tificate of Status & tified Copy titional 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

EME GOLF LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	vere filed on	and assigned
Florida document number L17000055413		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
EMC GULF LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		The state of the s
(Mailing address MAY BE A POST OFFICE BOX)		:2
		1. Tuesday
B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:		er the name of the new
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	ыр Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I ar ovided for in Chapter 605, F.S. C	n familiar with and Pr, if this document is

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 **Type of Action Title Address** Name 1 \_ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change 🗖 Add 🔲 Remoye ☐ Change □ Add \_□ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add

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ective date, if other than the effective date is listed, the date in this ument's effective date on the	nust be specific and cannot be pri- block does not meet the appl	icable statutory filing	(optiona re than 90 days after filir requirements, this day	ig.) Pursuant t	o 605.020' e listed as
record specifies a delay he 90th day after the re		ot an effective ti	me, at 12:01 a.m	. on the e	arlier o
ed	2017	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00