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(Re	questor's Name)	
(Ada	dress)	_
(Add	dress)	
(Cit	y/State/Zip/Phone #	<u> </u>
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name	·)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

ALTCOIN SUBJECT:	INVESTMENT GROUP LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony Michaels		
		Name of Person	
	Emergent Cloud Solutions		
		Firm/Company	····
	5851 NW 119TH Drive		
		Address	
	Coral Springs, Florida, 330	076	
		City/State and Zip Code	<u>-</u>
	amichaels@hostnetworksec		
		to be used for future annual report notific	cation)
For further information c	concerning this matter, please c	all:	
Anthony Michaels		646 504-5728 at ()	
Name o	of Person	Area Code Daytime	lelephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sect	ion
Division of C		Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our re ted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	any were filed on 09/05/2017	and assigned
Florida document number L17000188425		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
EMERGENT CLOUD SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	LLC" or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:	<i>N</i> /A	· (42)
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
	/ .	.
Enter new mailing address, if applicable:	N/A	\sim
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>en</u>	iter the name of the new regi
Name of New Registered Agent:	V/A	
New Registered Office Address:		
	Enter Florida street aa	dress
<i>N</i> /		, 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

MGR = M AMBR = A	lanager Authorized Member	N/A	
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
		·	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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te: If the date inserted in this	he date of filing: must be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed
ecord specifies a delayed effectis filed.	tive date, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day after th
ted May 19	. 2020	
Anthoy	Signature of a member or authorized representative of	f a member