

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIGHRISE WORKFORCE SOLUTIONS LLC

Certificate of Status	0
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Page Count	03
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Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Highrian Worldson Columbia - II C

Highrise Workforce So			
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L. Florida document number L180000611		1/08/2018	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company h	ere:	
Emmense LLC			
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the d	lesignation "LLC" or the abbrevia	ntion "L.L.C."
Enter new principal offices address, if applic	able:		2022
(Principal office address MUST BE A STREE	T ADDRESS)		DE 0
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A PQST OFFICE</u>	BOX)	:	28 PM 3: 28
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office address on our r ss here:	ecords, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:	Northwest Registered	Agent LLC	
New Registered Office Address:	7901 4th St NSTE 300	ida street address	
	St. Petersburg	Florida 33702	2
	City	Zij	o 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
		□Remove	
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Effective date, if other than the date of filing:	TE					· · · · · · · · · · · · · · · · · · ·	
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	•	Signature of a n	nember of autho	rized representati	ve of a member		

Filing Fee: \$25.00