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.

(((H23000004153 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMMENSE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JAN 05 2023

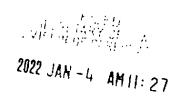
A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Emmense LLC		
(<u>Name of the Limited Liability Comp</u> an (A Florida Limited Li	iy as it now appears on ou iability Company)	r records,
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1800006119</u>	were filed on <u>01/08/</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Emmense Leadership LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "LLC" or the abbreviation "L.L.C."
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 adagent and/or the new registered office address here:	ddress on our records	, enter the name of the new registered
Name of New Registered Agent:	-116	
New Registered Office Address:		
	Enter Florida stree	et address
		Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete pacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of	verformance of my du rovided for in Chapte	tics, and I am familiar with and r 605, F.S. Or, 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

Title	<u>Name</u>	Address	Type of Action
	-		□Add
			□Remove
			□Change
			CAdd
			□Remove
		□Add	
			□Remove
			□Add
		□Remove	
			Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove

-		
		2022
	, , , , , , , , , , , , , , , , , , ,	2022 JAN - 4
		AM 11: 27
		7
	be specific and cannot be prior to date of filing or more took does not meet the applicable statutory filing re	
record specifies a delayed effective Lis filed.	date, but not an effective time, at 12:01 a.m. on t	he earlier of: (b) The 90th day after the
ated January 4	. 2023	
 -	Ignature of a member or authorized representative of a	. manhar
	formulae of a memory of authorized reliferentiative of a	. memor
Nat Smith	Typed or printed name of signee	

Filing Fee: \$25.00