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COVER LETTER

For further information cor RICHARD BERTOSSA Name of	ncerning this matter, please c	·	shone Number	2019 SEP -S PH	
		all: 507 4910380		2019 SE	•••
For further information con		·	į. Įs	20	
	E-mail address: (to be used for future applicative report notification.			
		to be used for future annual report notification	i) .		
	INFO@US.OFFICE201.NE	City/State and Zip Code			
	OAKLAND PARK, FL 33	Address 3311			
2880W OAKLAND PARK BLVD, SUITE 118					
Firm/Company					
	EMINAMORE LLC				
		Name of Person			
	MANDZUKA, EMINA				
Please return all correspon	idence concerning this matter	to the following:			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
	Name of Lim	ited Liability Company			
SUBJECT: EMINAMOR					
TO: Registration Sec Division of Corp					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section
Division of Corporations

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 2019 SEP -5 AM 10: 45

~;



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now an (A Florida Lumited Liability Compa	opears on our records.)
The Articles of Organization for this Limited Florida document number L18000007925		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compan	w here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
	<u></u>	
B. If amending the registered agent an registered agent and/or the new registered	office address here:	s on our records, enter the name of the
Name of New Registered Agent:	CORTORATIONS SERVICE	25 C REGISTERED AND TO
New Registered Office Address:	2398 COMMERCIAL WAY, SUITE 224	
	r.nur	r Florida street address
	·	21606
	SPRING HILL	Florida 34606

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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anen s effective date on the Department of State's fections.	•	9+1
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earliei	r of:
ne 90th day after the record is filed.		
ed SEP 03 . 2019		
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Signature of a member or authorized representative of a member		

Page 3 of 3 Filing Fee: \$25.00