118000067175

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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SECRETARY OF STATE

A. BUTLER 0CT - 7 2022

COVER LETTER

Division of Cor		•	
Emerge LW		•	
SUBJECT:	<u> </u>		.
	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Raymond Maranges		
		Name of Person	<u> </u>
	Emerge LW, LLC		
	<u> </u>	Firm/Company	
	631 Lucerne Avenue		
		Address	<u> </u>
	Lake Worth Beach Florida	33460	
	raymaranges@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notit	ication)
For further information of	concerning this matter, please ca	all:	
Raymond Maranges		561 702-6553	
Name o	of Person	at ()	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FFI ED 2022 JUL-6 AM 7:16

EMERGE LW LLC

(<u>Name of the Limited Liab)</u> (A Florid	dity Company as it now appears on our record da Limited Liability Company)	LAHASSEE FATE
The Articles of Organization for this Limited Liability Florida document number $\frac{L18000067175}{L18000067175}$	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LEC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		
Enter new mailing address, if applicable:		 _
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street addres	NS .
<u></u>	,	orida
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Julie Cruz	631 Lucerne Ave. Lake Worth Beach, FL 33-460	□Add
			Remove
		631 Lucerne Ave. Lake Worth Beach, FL 33460	□Change
MGR	Raquel Maranges	631 Euceric Ave. Eake World Beach, 71, 55-400	Add
			□Remove
			□Change
			□Add
			□Remove
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07/01/2022	
07/01/2022 E. Effective date, if other than the date of filing:	
E. Effective date, if other than the date of filing:	5.0207 (3)(ted as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ecord is filed.	er the
July 1st 2022	
Dated	

Filing Fee: \$25.00

Typed or printed name of signee