L18000130933

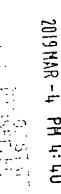
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer;	
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C. GOLDEN MAR - 4 2019

COYER LETTER

EMC Capital Solutions, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Elaine Pons Name of Person Firm/Company 441 Swallow Drive #10 Address Miami Springs, FL 33166 City/State and Zip Code epons@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



February 16, 2019

ELAINE PONS 441 SWALLOW DRIVE #10 MIAMI SPRINGS, FL 33166

SUBJECT: EMC CAPITAL SOLUTIONS, LLC

Ref. Number: L18000130933

We have received your document for EMC CAPITAL SOLUTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 919A00003383

RECEIVED

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILE

EMC Capital Solutions, LLC

2019 HAR -4 PM L

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	05/25/2018	and assigned
Florida document number L18000130933		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	<u>v here</u> :	
EMC Solutions, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or	r 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 address registered agent and/or the new registered office address here:	on our records, <u>s</u>	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
Enter	Florida street address	
	, Floric	
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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	JESSICA GAVIRIA	441 SWALLOW DRIVE APT 10 MIAMI SPRINGS, FL 33166	Add
			■ Remove
			☐ Change
MGR	GABRIELA PONS	107 WESTWARD DRIVE MIAMI, FL 33266	
			□ Remove
			Change
AMBR —	ELAINE PONS	107 WESTWARD DRIVE MIAMI, FL 33266	
			□ Remove
			Change
			☐ Remove
			Add
			Remove
			☐ Change
	·		
			Remove
			☐ Change

· · .	
E. Effec	ctive date, if other than the date of filing: (optional)
(II an e Note:	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (I if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ment's effective date on the Department of State's records.
if the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	e 90th day after the record is filed.
,	
	February 6 2019
Dated	d
	(au too
	Signature of a member or authorized representative of a member
	Elaine Pons
	Typed or printed name of signee
	Types or printed name or signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00