

218000145507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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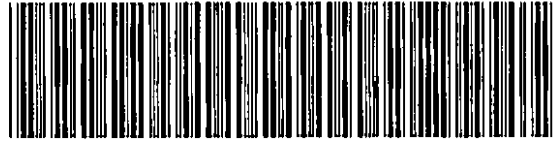
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

0 SECTIONS

AUG 1 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMI HOSPITALITY HOLDINGS LLC

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:

MICHAEL D WILD

Name of Person

WFP LAW

Firm/Company

1250 S PINE ISLAND RD. STE 200

Address

PLANTATION FL 33324

City/State and Zip Code

MWILD@WFPLAW.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL D WILD

954

944-2855

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

EMI HOSPITALITY HOLDINGS LLC

(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 06/12/2018 and assigned
Florida document number L18000145507.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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 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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MICHAEL D WILD

New Registered Office Address:

1250 S PINE ISLAND RD. STE 200

Enter Florida street address

PLANTATION

City

Florida 33324

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Guerra, Emilio J.	14040 N. MIAMI AVE	<input type="checkbox"/> Add
		Miami, FL 33168	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	Emilio J Guerra RevocableTrust	14040 N. MIAMI AVE	<input checked="" type="checkbox"/> Add
		Miami, FL 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Mormont Seaworth LLC	251 Little Falls Drive	<input checked="" type="checkbox"/> Add
		Wilmington DE 19808	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FALLING STAR, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

(b) The 90th day after the record is filed.

Dated August 3 2018

Signature of a member or authorized representative of a member

Emilio J Guerra

Typed or printed name of signee