## L18000 169014

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

EMH Unlir	nited LLC				
30bJEC1	Name of Lin	ited Liability Company	· <u>-</u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Elias Mizrahi				
		Name of Person	<del></del>		
	EMH Unlimited LLC				
		Firm/Company			
	20807 BISCAYNE BLVD	SUITE 104			
	<del></del>	Address	<u></u>		
	Aventura, FL 33180				
		City/State and Zip Code			
	emizrahi26@gmail.com				
	E-mail address: (	to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
Elias Mizrahi		305 7639180 at ( )			
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations		
Tallahassee, I			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMH Unlimited LLC

2020 MAY 14 PH 12: 23

(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 Liabili	ty Company	were filed on $\frac{Jul}{}$	y, 12th 2018	and assigned
Florida document number 1.18000169014				
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liab	lity company he	e <u>re</u> :	
The new name must be distinguishable and contain the words	'Limited Liabil	ity Company." the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	;			
(Principal office address MUST BE A STREET AL	DDRESS)			
			,	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2			
			**************************************	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ddress on our r	ecords, <u>enter the na</u>	nne of the new registe.
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flor	ida street address	
			, Florida _	
		City		Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	id complete d agent as p tered office	performance of rovided for in (	my duties, and I an Chapter 605, F.S. O	n familiar with and r, 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 2020 Mill 14, Pil 12: 23	Type of Action
Member	Moises Mizrahi	1496 Presidential Way, Miami FL 33179	🗆 Add
		<del></del>	<b>=</b> Remove
			□Change
			□Add
		<del></del>	□ Remove
			□ Change
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(If an eff Note:	May 11th, 2020 (optional)  ective 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 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Elias Mizrahi
	Typed or printed name of signee

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