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COVER LETTER

	vision of Corp			
SUBJECT:	EM MANA	GER, LLC		
		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	;
Please return	n all correspor	ndence concerning this matter	to the following:	
		Julie V. Fanelli		
			Name of Person	
		Fanelli Law Firm, PA		1
			Firm/Company	
		5300 W. Cypress St., Ste.	200	
			Address	
		Tampa, FL 33607		
		16 - 11 O 6 - 11 1	City/State and Zip Code	
_		jfanelli@fanellilaw.com	to be used for future annual report notifica	rion)
For further i	information co	oncerning this matter, please ca	·	non,
Julie V. Far		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	813 384-4841 at()	
	Name of	Person	Area Code Daytime Te	elephone Number
Enclosed is	a check for th	e 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

EM MANAGER, 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 August 8, 2018 and assigne Florida document number _L18000189811 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TPG - EM MANAGER, LLC 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: New Registered Office Address: Enter Florida street address

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

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action Title** Name **Address** _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _D Add _□ Remove ☐ Change □ Add ☐ Remove __ Change _□ Add ☐ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

		
		
		
		
		
		•
If the date inserted in this b	e date of filing: st be specific and cannot be prior to date of filing or mor lock does not meet the applicable statutory filing Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 60 requirements, this date will not be lis
cord specifies a delaye e 90th day after the rec	d effective date, but not an effective tir cord is filed.	ne, at 12:01 a.m. on the earli
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September 4	signature of a member or authorized representative of	of a member

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Filing Fee: \$25.00