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COVER LETTER

Division of Corpo		An	
subject: <u>Em ba</u>	ring Love Pers	ted Liability Company	
	mendment and fee(s) are subt		
rease return an correspond		Name of Person	
	4331 Ni Plantation	Address Jet A: 3 & City/State and Zip Code	3313_
	ncerning this matter, please co		_
Kimberly Name of	Person	at (<u>954)</u> <u>1624 -</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
던 \$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

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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 Type of Action Address Title 3621 NW 4 street - Add Rubin Stokes FT. Lauderdall F1 3331 Remove _□ Change _ 🛮 Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change _□ Add _□ Remove ____ Change _□ Add _□ Remove □ Change □ Add ☐ Remove

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n effe <u>ite:</u> []	re date, if other than the date of filing:
[heˈ	ord 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.
ted _	0 21 19 Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00