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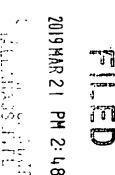
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C. GOLDEN

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EMM DAVIS, 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:
Elaine Davis Name of Person
Elaine Davis, LLC Firm/Company
12286 5.W 151 St APT F304 Address
MIAMI, FL 33186  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EIGINE Davi5  Name of Person  at 786, 605-1909  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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



Elaine Davis.	LC.	2019 HAR 21 PM 2: 48
(Name of the Limited Liah (A Flor	ility Company as it now appears on oda Limited Liability Company)	put records.
(A Flor The Articles of Organization for this Limited Liability Florida document number <u>LI 8000 423</u>	Company were filed on 10/	15 / 20/8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADI	DRESS)	<del></del>
	<del></del>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<del>-</del>
	Enter Florida st	reet address
	City	, Florida
	-	•

## 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>	Address	Type of Action
AMBR	Elaine Davis	12285 3W 15/5H APTF	OSLAdd
		MIAMI, FL 33/86	Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			☐ Remove
			☐ Change
<del></del>			Add
			□ Remove
			Change
<del></del>			🗆 Add
		<del></del>	☐ Remove
			Change
	<del></del>		D Add
		<del></del>	□ Remove
			Change

f amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
_	
_	
_	
_	
·	
Note: II	te date, if other than the date of filing:
	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.
Dated _	<del></del>
	30acul Davido Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00