L19000141979

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S. ROBERTS JUN 2 7 2023

COVER LETTER

Registration Section Division of Corporations

TO:

EMCXI, LI SUBJECT:						
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Gabor Leszlauer					
		Name of Person				
		Firm/Company				
	2690 Coral Landings Blvd	Address				
	Palm Harbor, Fl. 34684					
	leszlauer.gabor@gmail.com	City/State and Zip Code				
	E-mail address: (to be used for future annual report not	iffication)			
For further information c	oncerning this matter, please co	all:				
Gabor Leszlauer		727 6785966 at ()				
Name o	f Person	Area Code Daytir	ne Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Fiting 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 1 Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations			
Tallahassee,			pe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMCXL 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 $\frac{05/28/2019}{2}$ and assigned Florida document number $\frac{L.19000141979}{L.19000141979}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HOSTNEY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

City

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
			□Add
			□Change
			□Add
			Remove
			□Change
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E. Effective date, if the date is locument's effective date is locument's effective date in document's effective date.	other than the dat isted, the date must be iserted in this block we date on the Depar	does not me	et the applica	o date of filing ble statutory	or more than 90 filing requiren	(optional) days after filing, ents, this date	Pursuant to 605. will not be liste	.0207 :d as (
If the record specifies a record is filed.	delayed effective da	ite, but not a	n effective tin	ne, at 12:01 a	.m. on the earl	ier of: (b) Th	e 90th day after	the
	г		4/29/2023					
Palm Harbo Dated			<u></u>					