## L19000158338

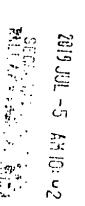
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| Special Instructions to | Filing Officer:    |             |
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## COVER LETTER

*3*\* ,

| BJECT:                 | Name of the                                     | ited Liability Company  | <del></del>   |
|------------------------|---|---|---|
|                        | Name of Lin                                     | ned Liability Company   |   |
| enclosed Articles of   | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| se return all correspo | ondence concerning this matter                  | to the following:   |   |
|                        | Edrique Remy                                    |   |   |
|                        |   | Name of Person  | *** *** * + * *   |
|                        | EMTL LLC  |   |   |
|                        |   | Firm/Company  |   |
|                        | 5350 SW 10th CT                                 |   |   |
|                        |   | Address   |   |
|                        | Margate FLorida, 33068                          |   |   |
|                        |   | City/State and Zip Code   |   |
|                        | emtl.llc@outlook.com                            |   |   |
|                        | E-mail address: (                               | to be used for future annual report notifi                          | cation)   |
| further information c  | concerning this matter, please ca               | nll:  |   |
| rique Remy             |   | 239 8391669<br>at () Daytime  |   |
| Name o                 | of Person                                       | Area Code Daytime   | Telephone Number  |
| losed is a check for t | he following amount:                            |   |   |
| \$25.00 Filing Fee     | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclose |
|                        |   |   |   |

MAILING ADDRESS:

TO:

**Registration Section** 

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

## TO ARTICLES OF ORGANIZATION OF

E&M Transport and Logistics 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 June 14, 2019 and assigned Florida document number L19000158338 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 424 NE 44th ST Enter new principal offices address, if applicable: Pompano Beach Florida, 33064 (Principal office address MUST BE A STREET ADDRESS) 5350 SW 10th CT Enter new mailing address, if applicable: Margate Florida, 33068 (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Cuv 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

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed train our records.

## MGR = Manager AMBR = Authorized Member

| <u>Title</u>  | <u>Name</u>   | <u>Address</u>                                       | Type of Action          |
|---------------|---------------|--|-------------------------|
| AMBR          | Edrique Remy  | 5350 SW 10th CT Margate<br>Florida, 33068            | ■ Add                   |
|               |               |  | □ Remove                |
|               |               | <del></del>  | Change                  |
| MGR           | Manuscia Remy | 10945 Winding Creek Way Boca<br>Raton Florida, 33428 |                         |
|               |               |  | □ Remove                |
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| (D) In   | e 90th day after the record is filed.  |           |
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|          | Etiline Gran   |           |
|          | Signature of a member or authorized representative of a member   |           |
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Page 3 of 3

Filing Fee: \$25.00