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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	PERTIES, LLC	*>,	
SUBJECT:	Name of Lim	omitted Liability Company omitted for filing. to the following:	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	<u>;</u> -
	EMMANUEL Y BELIZA	ARE	
		Name of Person	
	EMB PROPERTIES, LLC		
	•	Firm/Company	
	636 NW IST AVENUE		
		Address	
	BOYNTON BEACH, FLO	ORIDA 33426	
		City/State and Zip Code	
	E-mail address: ((to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
EMMANUEL Y BELIZ	AIRE	561 654-7763 at ()	
Name o	f Person	at ()Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AR	RTICLES OF	AMENDME	ENT		
	_	Ю		and assigned	
ART	TICLES OF (TION	10 1/1/2	
	()F		On the same	
				ِينَ الْحِيْدِ الْحِ الْحِيْدِ الْحِيْدِ	
EMB PROPERTIES, LLC				الرواية المراس	
(Name of the Lin	ited Liability Comp	any as it now appea Liability Company)	irs on our records.)		
	(, , , , , , , , , , , , , , , , , , ,			ا م	
The Articles of Organization for this Limited	Liability Company	y were filed on <u>6</u> -	-26-2019	and assigned	
Florida document number L19000167746					
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lial	bility commany h	ere:		
<u>enver ene nen name</u>	***************************************				
The new name must be distinguishable and contain the	4 . 04	Was Community day	desired and term of the	Albania din vil 1 C.	
the new name must be distinguishable and contain the	words Timned Liab		•		
Enter new principal offices address, if appl	icable:	636 NW 1ST A	AVENUE, BOYNTON	BEACH, FL 33426	
Principal office address MUST BE A STRE	ET ADDRESS)				
			· · · · · · · · · · · · · · · · · · ·	 	
Patra 11 16 P. 11					
Enter new mailing address, if applicable:		636 NW 1ST AVENUE, BOYNTON BEACH, FL 33426			
(Mailing address MAY BE A POST OFFICE BOX)		030 KW 1317	VENUE, BOTHTON	DLACH, 11, 5,5420	
			.		
B. If amending the registered agent and/or		address on our i	records, <u>enter the na</u>	me of the new registered	
igent and/or the new registered office addr	<u>ess nere</u> :				
Name of New Registered Agent:					
New Registered Office Address:	636 NW 1ST	AVENUE			
new registered Office Address.		Enter Flo	orida street address		
	BOYNTON BEACH			Florida 33426	

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			Remove
			□Change
			Remove
			Change
			□Add
			□Remove
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			Remove
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			□Remove

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r`an effec <u>Note:</u> T	e date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	2-18-19
	Signature of a member or authorized representative of a member EUAGA-NUELDE (2-C) (2 Typed or printed name of signee
	definition of a monitor of authorized representative of a member

Filing Fee: \$25.00