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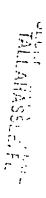
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COVER LETTER

TO:

Registration Section Division of Corporations

	EMON INVESTMENT LLC.		
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Sidney		
		Name of Person	
		Firm/Company	<u> </u>
	6003 SILVER STAR RD S		
	ORLANDO FL 32808	Address	
	SIDNEYDAVID69@YAH	City/State and Zip Code OO.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
DAVID SIDNEY		407 486-7415	
Name (of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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 State Certified Copy (additional copy is enc)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n utions nter Circle

TO ARTICLES OF ORGANIZATION OF

GREEN LEMON INVESTMENT LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Afficies of Organization for this Elimited Elability	Company were filed on $\frac{07/29}{1}$	2/2019 a
Florida document number L19000193780	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here	:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the desi	gnation "LLC" or the abbreviat
Enter new principal offices address, if applicable:		~
(Principal office address MUST BE A STREET ADD	RESS)	0: -!r.
		SECTALLAHASSEE, F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and/or the new registered office adented Name of New Registered Agent: New Registered Office Address:	dress here:	our records, enter the n
Name of New Registered Agent:	dress here:	ı street address
Name of New Registered Agent:	dress here:	
Name of New Registered Agent:	Enter Florida	ı street address , Florida

If Changing Registered Agent, Signature of New Registered

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>T</u>
VP	SIDNEY VILNORD	6003 SILVER STAR RD SUITE ORLANDO FL 32808	I
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CHANGE SI	DNEY DAVID'S TITLE FROM (P) PRESIDENT TO (MGR) MANAGER.
·····	
1-11-11-11-11-11-11-11-11-11-11-11-11-1	
	
ffective date, if c	other than the date of filing: (optional)
an effective date is li lote: If the date in	isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) serted in this block does not meet the applicable statutory filing requirements, this date we date on the Department of State's records.
	ies a delayed effective date, but not an effective time, at 12:01 a.m. of after the record is filed. $/$
,	
ated	2019
	Signature of a member or authorized representative of a member
DAVID	SIDNEY
	<u> </u>

TALSO WOULD LIKE TO CHANGE TITLE OF THE (P) PRESIDENT TO (MGR) MANAGER.

Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00