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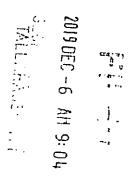
(R	equestor's Name)	
(Ar	ddress)	
(Ar	ddress)	
(C	ity/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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12/06/19--01013- 023 ****2**5.00



C KILLEY

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: ENCO	2 San 2 116		
SUBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of Amo	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponder	nce concerning this matter t	to the following:	
	Eura Sugar		
-		Name of Person	
	Enica Subject	a LLL	
-		Firm/Company	
	78 CILL	Address FL 32137 City/State and Zip Code	
-		Address	
	Palm Coast	FL 32137	
-		City/State and Zip Code	· · ·
_	calcbsobi	o be used for future annual report notifi	
Var further information course			cation)
For further information conce	rining this matter, please ca	III.	
Caleb Sun		at (<u>954</u>) <u>716</u> 5 Area Code Daytime	609
Name of Per	son	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	llowing amount:		
X \$25.00 Filing Fee □	330.00 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:		Street Address:	
Registration Sect Division of Corporate		Registration Sec Division of Corp	
P.O. Box 6327	oranom.	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMCA SUB, N	LLC			
(Name of the Limite	ed Liability Company as it now арре (A Florida Limited Liability Company	iars on our records.)		
The Articles of Organization for this Limited Li Florida document number	ability Company were filed on _	9/19/19	and assigned	i
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	e designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if application	able:		· 	
(Principal office address MUST BE A STREE	T ADDRESS)			
			2019 DEC	ـــــــــــــــــــــــــــــــــــــ
Enter new mailing address, if applicable:		<u> </u>	. 9	*** 4
(Mailing address MAY BE A POST OFFICE)	<u></u>			1
		·		-1
B. If amending the registered agent and/or reagent and/or the new registered office addres		records, enter the name	of the fiew reg	<u>istere</u>
Name of New Registered Agent:	Erica Jos. ~			
New Registered Office Address:	ERICA SOBIN TE CIMMOTON C Enter F Palm Wost City	1 / Torida street address	<u> </u>	
	Palm Wost	, Florida	32137	
	City		Zip Code	

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>	Name	Address	Type of Action
MOR	Enica 500,~	78 CIMMERS Dr	jX\dd
		AGIN Crest FL 32137	□Remove
			□Change
AMBR	Coled Sus,~	78 Conners Or	□Add
		Pala Court Fe 32137	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		Change	
		□Add	
			□Remove
			∏ Channe

Page 2 of 3

). II amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
	
(If an effect <u>Note:</u> If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	Caplio
	Signature of a member or authorized representative of a member
	Caleb Tos. 2
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00