

L19000 261 673

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

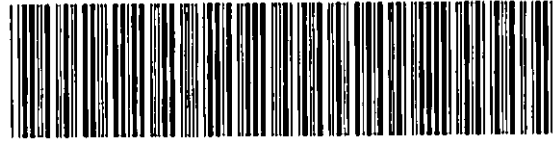
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/23/19-01011-003 \$435.00

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2019 NOV 22 PM 3:25

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAIMONIDE LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAD BOUCHENINOU  
Name of Person

MAIMONIDE LLC  
Firm/Company

1200 BRICKELL BAY DR SUITE 101  
Address

MIAMI FL US 33131  
City/State and Zip Code

gad@maimonide.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAD BOUCHENINOU at (786) 817 8526 ANY TIME.  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
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

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

PAIMONIDE 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 October 17, 2019 and assigned Florida document number L19000261673.

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."

**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*

Florida

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ETERSON GROUP CORP	1200 BRICKELL BAY DR SUITE 101	<input type="checkbox"/> Add
		MIAMI FL 33131 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ETERSON & SONS CORP	1200 BRICKELL BAY DR SUITE 101	<input type="checkbox"/> Add
		MIAMI FL 33131 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I made a mistake in creating the company name  
with: "EMERSON GROUP CORP."

The true name is: "EMERSON & SONS CORP."

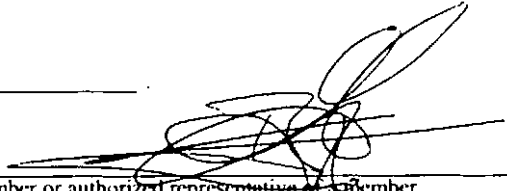
F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 11/19/2019 . \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

GAD BOUCHENINOV  
\_\_\_\_\_  
Typed or printed name of signee

**Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
EMERSON GROUP CORP  
1200 BRICKELL BAY DR SUITE 101  
MIAMI, FL 33131 US

Title: AMBR  
FILMORE VENTURES GROUP LLC  
20803 BISCAYNE BLVD SUITE 440  
AVENTURA, FL 33180 US

L19000261673  
FILED 8:00 AM  
October 17, 2019  
Sec. Of State  
jafason

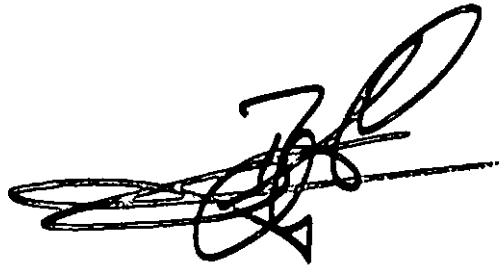
To change in  
"EMERSON & SONS CORP"

Signature of member or an authorized representative

Electronic Signature: LOVETTE DOBSON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

SORRY & THANK YOU



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L19000261673  
FILED 8:00 AM  
October 17, 2019  
Sec. Of State  
jafason**

**Article I**

The name of the Limited Liability Company is:

MAIMONIDE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

1200 BRICKELL BAY DR  
SUITE 101  
MIAMI, FL. US 33131

The mailing address of the Limited Liability Company is:

1200 BRICKELL BAY DR  
SUITE 101  
MIAMI, FL. US 33131

**Article III**

The name and Florida street address of the registered agent is:

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL. 33907

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: PATTY SCLIMENTI