

L19000 266 780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

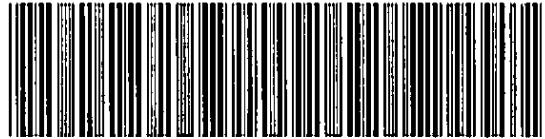
(Business Entity Name)

(Document Number)

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2019 DEC 16 PM 3:17

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JAN 15 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emo Night 305 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:

Ariel Williams  
Name of Person

Firm/Company

2901 NE 1st Avenue #1005  
Address

Miami, FL 33137  
City/State and Zip Code

EmoNight305@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ariel Williams at ( 914 ) 960-2255  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

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**

Emo Night 303 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 10/24/19 and assigned Florida document number L19000266780.

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 "L.L.C."

**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:

Ariel Williams

New Registered Office Address:

2901 NE 1st Avenue #1005

Enter Florida street address

Miami

City

Florida

33137

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>
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<u>AP</u>	<u>Ariel Williams</u>	<u>2901 NE 1st Avenue</u>	<input type="checkbox"/> Add
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		<u>Apt 1005, Miami, FL, 33137</u>	<input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Change
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<u>AMBR</u>	<u>Ariel Williams</u>	<u>2901 NE 1st Avenue</u>	<input checked="" type="checkbox"/> Add
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		<u>Apt 1005, Miami, FL, 33137</u>	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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<u>AMBR</u>	<u>Adriana Mazariegos</u>	<u>458 NW 80th Street</u>	<input checked="" type="checkbox"/> Add
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		<u>Miami, FL, 33150</u>	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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), if the effective date is not the date of filing, the date of filing must be listed. If the date of filing is not the date of filing, the date of filing must be listed. If the date of filing is not the date of filing, the date of filing must be listed.

**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 December 14, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee