120000028317

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilloss Ellary Hallie)
(Document Number)
Certified Copies Certificates of Status
Speciał Instructions to Filing Officer:

Office Use Only



200386452792

04/25/22--01088--021 ++25.00

2022 APR 25 AM 10: 03 ·

JUSERANIES JUN 17 2021

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: EMP		ORTATION S ted Liability Company	ervices LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Emm	unue/Lindor Name of Person	
	EMAN TA	ANK PORTATI	ON SERVICES LLC
	500 Supe	Address	
	west Palm	Beach FL 3 City/State and Zip Code	3409
	Lindor 20 E-mail address: (1	o be used for future annual report notif	, (om fication)
For further information co	oncerning this matter, please ca	ill:	
Emmanue! Name o	FPerson	at (561) 452 Area Code Daytime	e 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 & 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**

ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed on
Florida document number 1200002831	
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	imited liability company here:
EMAN ENTERPRISE L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "I	
Enter new principal offices address, if applicable:	DRESS) West Palm Beach, PL 33
(Principal office address MUST BE A STREET AD	DRESS) West falm Beach, PL 33
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
agent and/or the new registered office address her	Emmunue Lindor
	500 Superior Place Enter Florida street address
	West Palm Beach. Florida 3340a Zip Code
New Registered Agent's Signature, if changing Regist	ered 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>	Address	Type of Action
MGR	Emmanue Lindor	500 Superior Place	
		West Palm Beach,	□ Remove
		FL 33409	Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

_	
_	
-	
-	
_	
_	
_	
_	
_	
_	
_	
_	

-	
-	
If an eff Note:	ive date, if other than the date of filing:
	d 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
rd is fi	
	April 19, , 2022.
ord is fi Dated	April 19, 30 22. Signature of a member or authorized representative of a member

Y3111 Y3 0050