## M046463

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

EMBERI SU <b>BJEC</b> T:	BROOK LLC		
	Name of Lin	uted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
lease return all corres	pondence concerning this matter	to the following:	
	KAMLESH PATEL		
		Name of Person	
	EMBERBROOK LLC		
		Firm Company	<del></del>
	2528 INTERLOCK DR		
	· · · · · · · · · · · · · · · · · · ·	Address	
	KISSIMMEE, FLORIDA	. 34741	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
or further information	concerning this matter, please e	all:	
KAMLESH PATEL		407 744-8070	
Name	of Person	at () Area Code Daytii	me Telephone Number
inclosed is a check for	the following amount:		
S25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Addr		Street Address:	
Registration	Section Corporations	Registration Se Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMBERBROOK LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L20000046463	were filed on <u>02/10/2020</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ie abbreviation "L.I.,C."		
Enter new principal offices address, if applicable:	COCOA ELONDA 12022			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2504 INTERLOCK DR KISSIMMEE FLORIDA 34741	IN DCT		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the </u>	70 元		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	<del></del>		
	, Florida			
	Спу	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.

1 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>	Type of Action
MGR	DHARMESH PATEL	2528 INTERLOCK DR	<b>≅</b> Add
		KISSIMMEE FL 34741	□Remove
			□Change
			□Remove
			□Change
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ctive date, if other than the da effective date is listed, the date must be	specific and cannot be prior to	date of filing or more than 9	( <b>optional)</b> 0 days after filing.) Pursuant to 6	605,020
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ord specifies a delayed effective d filed.	ate, but not an effective tim	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day af	fter the
october 01	2021	_ ,		
	nature of a member or author			

Typed or printed name of signee