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(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer. Free Amendment.	

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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	EMG MANA	AGEMENT LLC			
CODUCT.		Name of Limit	ed Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspon	dence concerning this matter t	o the following:		
		ELADIO GUTIERREZ			
			Name of Person		
		E.M.G. INVESTMENTS L	LC		
Firm/Company					
		2330 CORAL WAY			
			Address		
		MIAMI, FLORIDA, 33145			
			City/State and Zip Code		
		emginvestments@AOL.CO			
		E-mail address: (1	o be used for future annual rep	port notification)	
For further i	nformation co	ncerning this matter, please ca	ll:		
ELADIO G	UTIERREZ		786 252-(6386	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Statu Certified Copy (additional copy is encl	

MAILING ADDRESS:

TQ:

Registration Section

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

E.M.G. MANAGEMENT LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records, imited Liability Company)	J
The Articles of Organization for this Limited Liability Con	npany were filed on 04/27/2020	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
E.M.G INVESTMENTS LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 Sec. 1
(Principal office address MUST BE A STREET ADDRE	SS)	
		22
		F 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		= 5
		<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.	red office address on our records, ss here:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 = A	AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			☐ Change		
			Add		
			□ Remove		
			Change		
	·	<u> </u>	□ Add		
			□ Remove		
			Change		
			Remove		
			☐ Change		
			☐ Remove		
			Change		
			□ Add		
			□ Remove		
			Chance		

• • • • • •	D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	The state of the s	
	E. Effective date, if other than the date of filing: (If an effective date is thand, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.	3)(b) he
;	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 June 6 2020	
	Clado Tomas	20 20
	Signature of a member or authorized representative of a member	70 J
	Typed or printed tourse of signee	1- NOC 0202
	Page 3 of 3	<u> </u>
	Filing Fee: \$25.00	
	Projection of the second of th	D 11:03