L2000/4/432

(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: THE FOLLOWING ARTICLS WERE UP DATED PER THE REQUEST OF THE CUSTOMER BY THE EXAMINERS
1.DENNIS 01-28-25

Office Use Only



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2025 JAN I 4 AM 8: 08 SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	E'MAC HO	OMES LLC			
SUBJE	C1:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	indence concerning this matter	to the following:		
		ERICKA MCINTOSH			
			Name of Person		
		E'MAC LLC			
			Firm/Company		
		PO BOX 1264			
		· · · · · · · · · · · · · · · · · · ·	Address		
		EUSTIS. FL 32727			
		City/State and Zip Code			
		EMACLOGISTICS1@GM E-mail address: (AIL.COM to be used for future annual report n	otification)	
For furt	her information c	oncerning this matter, please c			
ERICK	A MCINTOSH		407 690-9709 at ()		
	Name o	f Person	Area Code Days	time Telephone Number	
Enclose	d is a check for th	ne following amount:			
■ \$ 25	5.00 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 Addres		Street Address:		
	Registration S Division of C		Registration S Division of C		
	P.O. Box 632		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E MAC HOME (Name of the Limited Liability Compa (A Florida Limited)	S LLC iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000141432		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
EMAC LOGISTICS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "E.C."
Enter new principal offices address, if applicable:	523 E KENNEDY BLVD	
(Principal office address MUST BE A STREET ADDRESS)	STE A	25
	EATONVILLE, FL 32751	
		□ 🚊 🚘
Enter new mailing address, if applicable:		<u>ुर्</u>
(Mailing address MAY BE A POST OFFICE BOX)		08
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 th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	F . 17 . 1	
	Enter Florida street address	
	, Flori	
	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 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
			☐Add
			□Remove
			□ Change
		<u> </u>	
			□Change
			□Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□ Adđ
			□Remove

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an ef vote:	tive date, if other than the date of filing:
reco l is fi	rd 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 iled.
ated	1/9/2025
	·
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00