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COVER LETTER

Registration Section

TO:

Div	ision of Co	rporations		
SUBJECT:	EMERSO	N DELIVERY LLC		
DOMEST.		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are su	h in to gr	
Please return	all correspo	ondence concerning this matte	r to the following:	
		Israel Cruz		
			Name of Person	
		EMERSON DELIVERY	LLC	
			Firm/Company	<u> </u>
		14980 SW 283rd St #103		
			Address	
		homestead, FL 33033		-
			City/State and Zip Code	· ·
		israelcruzbarrios@gmail.co	om	
		E-mail address:	to be used for future annual report ne	otification)
For further in	formation c	oncerning this matter, please c	all:	7.7 7.7 3.3
Israel Cruz			305 8772762	, , &
<u> </u>	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	ling 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)
	ing Address istration S		Street Address:	
		orporations	Registration Se Division of Co	
	Box 632		The Centre of	•
Talla	ahassee, F	L 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERSON DELIVERY 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 7/12/2023 and assigned Florida document number L20000206068 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: CRUZ, ISRAEL Name of New Registered Agent: 14980 SW 283rd St #103 New Registered Office Address: Enter Florida street address homestead

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.

City

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	CRUZ, ISRAEL		
			□Add
			□Remove
		14980 SW 283rd St #103 HOMESTEAD FL 33033	\(\overline{
MGR	CRUZ. YAISBEL	10885 NW 50th St APT 107 DORAL, FL 33178	= Add
			□Remove
			□Change
			<u>~</u> □Add
			_ Remove
			_ ⊡Ghange
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ffective date, if other than the date of filing: an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date it is filing it is inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The 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 list filed. Signature of a member of administrative of a member of a member of the state of the state of the state of a member of the state o		
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	ISRAEL CRUZ	

Filing Fee: \$25.00