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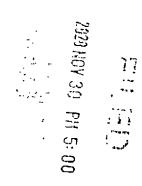
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COVER LETTER

	istration Se ision of Cor			
SUBJECT:	EMUNAH -	46 LLC		
		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
		Alexandra Gutierrez		
			Name of Person	
		EMUNAH 46 LLC		
			Firm/Company	
		3956 TOWN CENTER B	LVD	
			Address	
		Orlando, FL 32837		
			City/State and Zip Code	
		gutierreza593@gmail.com 		
			to be used for future annual report no	otification)
For further in	nformation co	oncerning this matter, please c	all:	
Alexandra Gutierrez		407 341-9685		
	Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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)
	iling Addres gistration S		<u>Street Address:</u> Registration S	Section
Division of Corporations		Division of Co		
	D. Box 632		The Centre of	
Tal	llahassee, I	·L 32314	2415 N. Mont	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMUNAH 46 LLC		75
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records Limited Liability Company)	. 30
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000247181</u>	ompany were filed on08/13/2020	and assigned
This amendment is submitted to amend the following:		U
A. If amending name, enter the new name of the limit	ted liability company here:	
Alexandra Gutierrez LLC		
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
		-
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	Circ	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 =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
		_	□Remove
			TChangu

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ctive date, if of effective date is lis	ther than the date of sed, the date must be speci	filing:tic and cannot be prior to	date of filing or more than	(optional) 90 days after filing.) Pursuam t	o 605 02
e: If the date ins		not meet the applicab		rements, this date will not be	
ument s enterive	taite on the exeparaner	in of state a records.			
ecord specifi	es a delaved effect	tive date, but not	an effective time, a	at 12:01 a.m. on the e	arlier
	ifter the record is f		,		
	11/20	2020			
ed	11/20	<u>WW</u>	. •		
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Typed or printed name of signee

Filing Fee: \$25.00