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(((H20000341206 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : I20190000077

Phone

; (954)773-7286

Fax Number

: (954)526-8825

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: agonzalez Camefinanci

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMSA USA, LLC

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## COVER LETTER H20000341206 3



TO: Registration Section Division of Corporations

orbis ilizant.	EMSA U	ISA, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Ai	nendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	ANTONIO GONZALEZ		
		Name of Person	, <del>_</del> .,
	GONZALEZ & ASSOCIA	TES III PA	
		Firm/Company	——————————————————————————————————————
	1820 N CORPORATE LA	KES BLVD STE 107	
		Address	
	WESTON, FI, 33326		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	AGONZALEZ@AMEFIN/		
	E-mail address: (t	to be used for future annual report n	ot(fication)
For further information cor	ncerning this matter, please co	ill:	
ANTONIO GONZALEZ		954 773-7286	
Name of I	<sup>2</sup> erson	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	following amount:		
章 \$25.00 Filing Fee	El \$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 Address		<u>Street Address:</u> Registration	
Registration Se Division of Co		Division of C	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT #20003412063 TO ARTICLES OF ORGANIZATION OF

EN	ISA, USA			
(Name of the Limited	d Liability Compa A Florida Limited	iny as it now appears on ( Liability Company)	our records.)	
The Articles of Organization for this Limited Lia Plorida document number <u>1.20000265425</u>		were filed on09/0	2/2020	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, <u>enter the new name of</u>	the limited liah	oility company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabi	ility Company," the design	ation "LLC" or the abi	breviation "L.L.C."
Enter new principal offices address, if applica		N/A		
Principal office address MUST BE A STREET	(ADDRESS)			·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80N)</u>	N/A		
B. If amending the registered agent and/or re agent and/or the new registered office addres:	egistered office s here:	address on our recor	ds, <u>enter the nam</u>	e of the new registe
Name of New Registered Agent:	N/A			
New Registered Office Address:		Emer Florida s	treet address	
			, Florida	
		Chy		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:  $\label{eq:hamman} \text{H200003442063}$ 

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
AMBR	CARIBBEAN DREAMS, LLC	5866 NW 125TH AVE	
		CORAL SPRINGS, FL 33076	
		(CORRECT THE NAME)	
			CIAdd
			□Remove
			[]Change
		[DAdd	
			E)Change
		[] Add	
		□Remove	
			[]Change
		CIAdd	
			LIRemove
			☐ Change
<del></del>			□Add
			□Remove
			[]Change

## H200003412063

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
•	
•	
#1 O#	contional)
Note	tive date, if other than the date of filing:
the rece cord is	ord 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 filed.
Date	d <u>SEPTEMBER 30.</u> / 2020
	HH 11/
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee