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	Account Number	: SERBER & ASSOCIATES, P.A. : I20000000083	77	64 th 144
	Phone Fax Number	: (305)932-6262 : (305)933-9393		
*Enter	the email address	for this business entity to be used for	future	
ariri	nai rebort malli	ngs. Enter only one email address please.	**	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMMABEE, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMMABEE, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Plorida document number <u>L21000011505</u>	mpany were filed on 01/13/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(\$5)	
		70 7
		RS B III
Enter new mailing address, if applicable:		( so = (2)
Mailing address MAY BE A POST OFFICE BOX)		
i. If amending the registered agent and/or register egistered agent and/or the new registered office address Name of New Registered Agent:	red office address on our records, <u>en</u> ss here:	ter the name of the
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zıp 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
MGR	Tal lycher Even	16047 Collins Ave 330	1 □ Add
		Sunny Isles Beach, FL 3316	60 ■ Remove
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(The effective date must be specific, cannot be prior to de the date this document is filed by the Florida Department Dated May 11th	ate of receipt or filed date and cannot be more than 90 days after ant of State)

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