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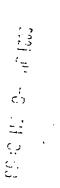
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COVER LETTER

TO:

Registration Section

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

EMITE	Corporations CH GROUP LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for tiling.	
Please return all corre	espondence concerning this matter	to the following:	
	JESUS LEON		
		Name of Person	
	SACONSA GROUP LL	С	
		Firm/Company	
	3625 NW 82 Avenue S	uite 100-K	
		Address	
	DORAL, FL 33166		
		City/State and Zip Code	
	JESUSLEONTERAN@G		
	E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please c	all:	
JESUS LEON		786 7572436	
Name of Person		Area Code Daytime	: Telephone Number
Enclosed is a check to	or the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MA	AILING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMITECH GROUP LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
ne Articles of Organization for this Limited Liability Comp	oany were filed on	and assigned
orida document number L21000029510		
is amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ne new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
nter new mailing address, if applicable:		
		_
Aailing address MAY BE A POST OFFICE BOX)		
		; 2
. If amending the registered agent and/or registere gistered agent and/or the new registered office address		ter the name of the
gistered agent and/or the new registered office address	nere.	د٥
Name of New Registered Agent:		
New Registered Office Address:		() ()
	Enter Florida street address	
	Florids	1
		Zin 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
MGRM	ESPINOSA, OSCAR R	671 WEST 18 ST	Add
		HIALEAH, FL 33010	Remove
			☐ Change
			Remove
			Change
			Add
		-	☐ Remove
			Change
			🗖 Add
			Remove
			Change
			Remove
			Change
			☐ Remove
			🖸 Change

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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	ock does not meet the app	dicable statutory filing re	(optional) than 90 days after filing.) Pur equirements, this date will	suant to 605.0207 (not be listed as t
ne record specifies a delayed The 90th day after the rec		not an effective tim	e, at 12:01 a.m. on	the earlier of:
, MAY 12	2021	,		
Dated	Signature of a sember or au	Jaa		

Page 3 of 3

Filing Fee: \$25.00