Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I20000000083 Phone : (305)932-6262

Fax Number : (305)933-9393

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EMINATE LLC**

Certificate of Status	0
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JUN 22 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMINATE LLC				
(Name of the Limi	led Liability Compa (A Florida Limited	tay as it now appears on our Liability Company)	records.)	_
The Articles of Organization for this Limited L	iability Company	were filed on 02/04/2	021 and	assigned
Florida document number L21000062738	······································			
This amendment is submitted to amend the foll	owing;			
A. If amending name, enter the new name of		ollity company here:		
		•		
The new name must be distinguishable and end with the	words "Limited Liai	bility Company," the designati	on "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applic	able:	1909 Tyler Street,	Suite 502	<u> 2 ≤</u>
Principal office address MUST BE A STREE		Hollywood, FL 33	020	ق ت
	•			z :
				– c
Enter new mailing address, if applicable:		1909 Tyler Street	Suite 502	. A
(Mailing address MAY BE A POST OFFICE	BOX)	Hollywood, FL 33	020	i
•				. 3
B. If amending the registered agent and registered agent and/or the new registered of			ecords, <u>enter the na</u>	me of the new
Name of New Registered Agent:	American E	Brokers Managemen	t, LLC	
New Registered Office Address:	1909 Tyler	Street, Suite 502		•
	· · · · · · · · · · · · · · · · · · ·	Enter Florido strue	address	
	Hollywood		_, Florida 33020	
		City	Zip (Code .
New Registered Agent's Signature, if changing	Registered Agent:			
I have to the second second			- •	

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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Sign mure of New Registered Agent

Page 1 of 3

Authorized Member being added or removed from our records, enter the title, name, and address of each MGR = Mauager AMBR = Authorized Member			
Title	Namo	Address	Type of Action
			DbA C2
			□ Remove
•			
			П Кеточе
			21 21
			Z
			<u>-</u>
			□ Add
	<u>-</u>		☐ Remove
•	•		Remove
			D Add
			☐ Remove
			
			☐ Add

Page 2 of 3

	Suite 502	
Hollywood, FL 33	020	
tive date, if other than the da	ite of filing:	(optional)
ate this document is filed by the Floric	DE DITION TO CAME OF RECEIPT OF DIEG GAIG AINC CAM	not be more than 90 days after
June 17	2021	

Page 3 of 3

PHYISION OF CORPORATION
21 JUN 21 AMIO: 41