

L21000074405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

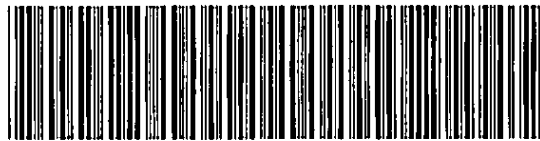
(Business Entity Name)

(Document Number)

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2021 MAR 29 P 1:02

S.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMG DEVELOPMENT CONTRACTORS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS R. SMITH

Name of Person

TAXES USA LLC

Firm/Company

11402 NW 41 ST SUITE 211

Address

DORAL FL 33178

City/State and Zip Code

INFO@TAXESUSAMIAMI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS R. SMITH

305 470 24 29
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 MAR 29 P 1:02

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EMG DEVELOPMENT CONTRACTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/12/2021 and assigned
Florida document number L21000074405.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1134 SLEEPY OAK DR

(Principal office address MUST BE A STREET ADDRESS)

WESLEY CHAPEL FL 33534

Enter new mailing address, if applicable:

1134 SLEEPY OAK DR

(Mailing address MAY BE A POST OFFICE BOX)

WESLEY CHAPEL FL 33534

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ALFREDO PI

New Registered Office Address:

1134 SLEEPY OAK DR

Enter Florida street address

WESLEY CHAPEL

City

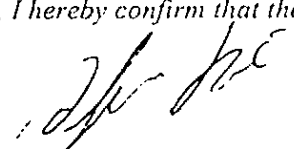
Florida

33534

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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WESLEY CHAPEL FL 33534

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WESLEY CHAPEL FL 33534

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Florida 33534

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2021 FEB 12 PM 1:29
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTOPHER ADAMS	201 CROOKED RIVER RD	<input type="checkbox"/> Add
		CARRABELLE FL 32322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ALFREDO PI	1134 SLEEPY OAK DR	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL FL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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s date
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Signature of a member or authorized representative of a member

Typed or printed name of signee