# L2100007440S

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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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S.C.

;	•	COVER LET	ΓER			
TO: Registration S Division of Co	ection					
EMG DEV	VELOPMENT CONTRACTOR	RS LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del>,</del>			•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
	ondence concerning this matter					
	LUIS R. SMITH					
		Name of Person				
	TAXES USA LLC	rume or reason				
		Firm/Company		-		
	11402 NW 41 ST SUITE	211				
	<del>-</del>	Address	<del></del>			
	DORAL FL 33178					
		City/State and Zip C	lode			
	INFO@TAXESUSAMIAM	11.COM to be used for future an	nual report notificat	tion)		
For further information (	concerning this matter, please c			·		
LUIS R. SMITH		305 at (	470 24 29			
Name o	of Person	Area Code	Daytime Te	elephone Number		
Enclosed is a check for t	the following amount:					
■ \$25.00 Filing Fec	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	y	S60.00 Filir Certificate Certified C (additional co	of Status o	
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Reg Div The 241	et Address: gistration Section ision of Corpore Centre of Talls 5 N. Monroe S lahassee, FL 32	rations ahassee treet, Suite 810	MAR 29 P	TILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMG DEVELOPMENT CONTR				
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appears on iability Company)	our records.)	
The Articles of Organization for this Limited Li				and assigned
Florida document number L21000074405	<u> </u>			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Compaπy," the design	ation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applic	able:	1134 SLEEPY OAK	DR	
(Principal office address MUST BE A STREE		WESLEY CHAPEL	FL 33534	
				<del></del>
Enter new mailing address, if applicable:		1134 SLEEPY OAK	DR	
(Mailing address MAY BE A POST OFFICE	ROX)	WESLEY CHAPEL FL 33534		
(mining mining m	<u> </u>			
B. If amending the registered agent and/or ragent and/or the new registered office addre		ddress on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	ALFREDO PI			
New Registered Office Address:	1134 SLEEPY OAK DR		· .	7071
New Registered Office / Reducing		Enter Florida s	ti cet address	MAR I
	WESLEY CHA	PEL	, Florida <u>335.</u>	34~
		City	, ,	th Code
New Registered Agent's Signature, if changing			-• 	_ D
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my provided for in Chap	duties, and Låm fa oter 605, F.S. Or, i	ากปุ่วสา with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMG DEVELOPMENT CONTR			•	
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L	iability Company	were filed on 02/12/2021	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applic		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 agent and/or the new registered office addre	•-	address on our records, enter the na	me of the new registered	
Name of New Registered Agent:	ALFREDO PI			
New Registered Office Address:	1134 SLEEPY	OAK DR		
		Enter Florida street address		

#### 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 complywith 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. It 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.

City

WESLEY CHAPEL

€.

, Florida <u>33534</u>

T

It 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
MGR	CHRISTOPHER ADAMS	201 CROOKED RIVER RD	□Add
		CARRABELLE FL 32322	≅Remove
			Change
MBR	ALFREDO PI	1134 SLEEPY OAK DR	<b>=</b> Add
		WESLEY CHAPEL FL 33543	□Remove
			Change
			□ Add
			□Remove
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		: ::	□ Add
			Remove
			□Change
			□Add
			Remove
			□Change

Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) c. The 90th day after the cord is filed.  MARCH 17 2021  Signature of a member or authorized representative of a member	If amending any other information, enter change(s) here: (Attach additional shee	
Effective date, if other than the date of filing:	,	,
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Dated MARCH 17 2021  Signature of a member or authorized representative of a member		i o in
Dated		••
	- David - Carlotte - C	-
	The Me	
ALFREDO PI	Signature of a member or authorized representative of a men	abcı
Typed or printed name of signee	ALFREDO PI	