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## COVER LETTER

• • •		CO I BR BETTER	
TO: Registration Se Division of Cor			
SUBJECT: EM	P.SCINI SHAN	1116.	•
SUBJECT: CIVIC		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Stepha	nie Walker	
	•	Name of Person	
	EMERS	ON SHAY LL	·
		Firm/Company	
	lele MOURIT	VGS COURT	
		Address	
	SAINT AVG	USTINE FL 3	2092
	5100000	City/State and Zip Code	
	E-mail address: (	235160gmail.	Correction)
For further information ec	oncerning this matter, please ea	all:	
Stephena	walles a	- IO 1 1 -	927a
Name of	Walker- Person	at (512) 005 ^ Area Code Daytime	S T Clephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee、
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILES

EMERSON (Name of the Limited	HAY Liability Comps Florida Limited	any as it now appears on o	2021 DEC 20	AHH: 43
The Articles of Organization for this Limited Liab Florida document number <u>L21000104</u>	oility Company			•
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	oility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designa	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	ole:	1301 RIVE	erplace	Blud
(Principal office address MUST BE A STREET	ADDRESS)	Suite 3 Jackson	800 IIIIe, FL	32207
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>9X)</u>	1301 RIV Suite S Jackson	er Place 300 VIIIe, FI	BIVd _ 32207
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our record	ls, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:	1301	RIVER-PLA Enter Florida str	ice Blue	d Ste 800
	Jack	Son ville		

### 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member	N1	17
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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(If an effe	ve date, if other than the date of filing:
docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
he record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	December 15, 2021.
	Signature of a member or authorized representative of a member
	F