42/0012/122

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | ÷ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

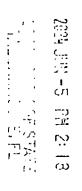




100430904961

06/05/24--01008--008 **55.00

4120/24



COVER'LETTER T

| Division of Corp | oorations | | |
|-----------------------------|---|--|--|
| SUBJECT: EMMD INV | /ESTMENTS LLC | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | JOSE RODRIGUEZ | | |
| | | Name of Person | |
| | INTEGRAL CONSULTIN | NG SERVICES LLC | |
| | | Firm/Company | |
| | 15280 NW 79th CT. STE | 107 | |
| | | Address | |
| | MIAMI LAKES, FLORID | A 33016 | |
| | | City/State and Zip Code | |
| | info@integralservicesus.co | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information co | ncerning this matter, please co | all: | |
| JOSE A. RODRIGUEZ | | at (754) 301-1370 | |
| Name of | Person | at (754) 301-1370 Area Code Daytime | e Telephone Number |
| | | | |
| Enclosed is a check for the | e following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

Mailing Address:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EMMD INVESTMENTS LLC | | |
|---|---|--------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our record Liability Company) | <u>(s.)</u> |
| The Articles of Organization for this Limited Liability Company | y were filed on 03/15/2021 | and assigned |
| Florida document number 1.21000121122 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | ·· | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addres | NX |
| | t na | and du |
| | , f. F. | orida 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-

200

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 |
|--------------|----------------|--------------------------|---------------------|
| MGR | DIANA SERVI | 159 SW 185TH WAY | |
| | | PEMBROKE PINES, FL 33029 | ■Remove |
| | | | |
| MGR | JOSE RODRIGUEZ | 159 SW 185TH WAY | |
| | | PEMBROKE PINES, FL 33029 | □Remove |
| | | | \ |
| | | | □Add |
| | | | Remove |
| | | | Change |
| | | | 🗀 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | ☐Change |
| | | | DAdd _a ← |
| | | | ر م م |

| | | | |
|---|---|-----------------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | ·- |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| If an effective date is listed, the date mu | | filing requirements, this date wi | II not be listed a: |
| e record specifies a delayed effectived is filed. | | | |
| rd is filed. | 2024 | | |
| d is filed. | 2024 | | |
| d is filed. | | ative of a member | 2624 1 |
| rd is filed. Dated MAY 20 | Vocamo (Luon Cu | ative of a member | 2694 JOH |
| e record specifies a delayed effective rd is filed. Dated MAY 20 MARCO LARICCIA | Vocamo (Luon Cu | | 269 UN - S |
| rd is filed. Dated MAY 20 | 2024 Los Co Bignature of a member or authorized represent | | - · · · |