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(Business Entity Name)
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COVER LETTER

TO:

	tegistration Se Division of Corp			
cum leze	REMOART		•	•
SUBJECT	r:		ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please reti	irn all correspo	ndence concerning this matter	to the following:	
		DARIO RANNISI		
			Name of Person	
			Firm Company	
		2770 ARBUTUS ST		
		NAPLES FL 34112	Address	
			City/State and Zip Code	
		DARIORANNISI@GMAII		
			to be used for future annual repor	t notification)
For furthe	r information c	oncerning this matter, please c	all:	
DANIEL	A RONCHETT	Ī	239 298 980 at ()	
	Name o	í Person	Area Code Da	aytime Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	Hailing Addres		Street Addres	
Registration Section Division of Corporations		Registration Section Division of Corporations		
F	P.O. Box 632	.7		of Tallahassee
Ί	Fallahassee, I	FL 32314	2415 N. Mc	onroc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REMUARI_LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on <u>04/13/2021</u>	and assigned
lorida document number L21000172204		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
EMODART LLC		
EMODART LLC, he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
nter new principal offices address, if applicable:		·-··
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or registered office:	address on our records, enter the nat	me of the new regist
gent and/or the new registered office address here:		· · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
		-
New Registered Office Address:	Enter Florida street address	
		· ·
	, Florida , Citv	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 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
			Add
			Remove
			Change
			
			∐Remove
			□Change
			LIRemove
			Change
			□Add
			□Remove
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Effective date, if other than If an effective date is listed, the dat	n the date of fil	ling:		(optional)	(05 h30= /3)
If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the document of the date of the dat	his block does no	ot meet the applic	able statutory fi	ing requirements	, this date will not b	e listed as the
ne record specifies a delayed efford is filed.	fective date, but i	not an effective t	ime, at 12:01 a.n	i, on the earlier o	f: (b) The 90th day	after the
Dated		2021				
Dated		_ `	 `			
	Gu	5	orized representat			

Typed or printed name of signee