## L21000209875

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: 140	6 Emerso Name of Lim	Mang LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John	A ZZOV CA Name of Person	
		Firm/Company	
	701 5 0(iv	CLVP #1024	<del></del>
	WPB FL 3	City/State and Zip Code	
	Jazzara W E-mail address:	CSIPBC OM to be used for future annual report notif	lication)
For further information c	oncerning this matter, please ca	all:	
John A.Z	Ferson	at ( <u>561</u> ) <u>236 -</u> Area Code Daytime	5727 e Telephone Number
Enclosed is a check for th	ne following amount:		
\$ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration Sec	ction
Division of C	orporations	Division of Corp	porations
P.O. Box 632		The Centre of T	
Tallahassee, I	TL 04314	2915 N. Monro	Street, Suite 810

Tailahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

14061 Emerson lane	LLC		<del>1-</del>	
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our reco lability Company)	oras.)		
The Articles of Organization for this Limited Liability Company v	were filed on <u>5 5 20</u>	<b>72.\</b> a	nd assigr	ned
Florida document number <u>LZ1000709835</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LI	LC" or the abbrevia	ion "L.L.C	
Enter new principal offices address, if applicable:			2021	
(Principal office address MUST BE A STREET ADDRESS)			HA.	i.
		2.44 Jun 2.74	28	rd-s-
		1	~~~	
Enter new mailing address, if applicable:			- <b>3≤</b> 	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	 	
B. If amending the registered agent and/or registered office ac	ddress on our records, <u>ent</u>	er the name of t	he new r	egistered
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addi	ress		
		Florida	Code	
New Registered Agent's Signature, if changing Registered Agent:	City	Zψ	Coac	
ACO Registered Agent's Signature, it 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

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
AMBR	John AZZara	701 5 dive our # 1024 WP	B_XAdd
			Remove
			□Change
AMBR_	Rosemarie Azzara	701 5 0/ive ave #1024 WPB	□Add
			Remove
		-1 2-	
			Fidd
			Change  7.21 Edd  7.21 Edd
			Q Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□∧dd
			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if neces.	
Please add John Azzaia as the AMBR to have full access to make	_main_
AMBR to have full access to mak	L CADY
changes and sigh on behalf of	11 (
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account	
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	AH 9:
	6: 59 9: 59
	<u>ک</u>
	<del></del>
Effective date, if other than the date of filing: \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\) (option 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 fi	ling.) Pursuant to 605.0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this c document's effective date on the Department of State's records.	late will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) rd is filed.	The 90th day after the
Dated 7 12 202 1	
Signature of a member of attitle rived representative of a member	
Rosemarie Azzava.  Typed or printed name of signee	

. .

\*\*\*

Filing Fee: \$25.00