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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 : (305)358-1310 Fax Number : (305)503-6701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 😭

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EMG 1 LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

EMGILL		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200065993</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	oility company bere:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	951 BRICKELL AVE UNIT 2507	·
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131	
		·
Enter new mailing address, if applicable:	951 BRICKELL AVE UNIT 2507	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33131	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	2022 A
	, Florida	Zip Code!
New Registered Agent's Signature, if changing Registered Agent:	,	8 LED
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	amiliar with and if this document is

## 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

Page: 4 of 5

Title .	Name	Address	Type of Action
AMBR	EMILIO CORTIO	951 BRICKELL AVE UNIT 2507	□Add
		MIAMI, FL 33131	□ Remove
		`.	≣Change
			□Add
			□ Change
	·		
	· .		□ Remove
			□ Change
			□Add
			☐ Remove
			Change
	**************************************		Dadd
•		Company April 19-1-19-19-19-19-19-19-19-19-19-19-19-19	□Remove
	·		□ Change
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n effective d i <u>te:</u> If the c	date, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	filing.) Pursuant to 605,02
ecord speci is filed.	tifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
	08 08 2022	
ted		

Typed or printed name of signee