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TATT ATTASSEE, FLOSIDA

JUN 2 4 2000 S. PRATHE

COVER LETTER

TO: Registration S Division of Co			
	noka, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	condence concerning this matter t	o the following:	
	Lawrence B. Pitt		
		Name of Person	
	Emerson International, Inc.		
-	 	Firm/Company	
	370 Center Pointe Circle Su	nite 1136	
		Address	<u></u>
	Atlamonte Springs, FL 327	01	
	legal@emerson-us.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notification)	
For further information	concerning this matter, please ca	11:	
Heather Field		407 767-4089	
Name C G d	of Person al Pemersn-v	Area Code Daytime Telephone	Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, 5 Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Little Tamoka, LLC		2
(Name of the Limite	d Liability Company as it now appears on our records A Florida Limited Liability Company)	HAY -4 P
The Articles of Organization for this Limited Lia Florida document number L22000156848		PRI 4: 23 and ussigned 4: 23
This amendment is submitted to amend the follo	wing:)
A. If amending name, enter the new name of	the limited liability company here:	
Little Tomoka, LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	orida

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>	Name	Address	Type of Action
			□Remove
			□Change
	<u> </u>		🗖 Add
			□Remove
,			□Change
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Department.	late of filing: _ be specific and can ck does not meet	the applicable		re than 90 days				
record specifies a delayed effective d is filed.	date, but not an	effective time,	at 12:01 a.m. c	n the earlier of	f: (b) The s	00th day :	after th	c
Dated April 27	2	022				<u> </u>	2[
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1656	Signature of a men	ber or authorize	d representative	of a member		SSKH.	2022 MAY -1	711.1.0