## L22000245097

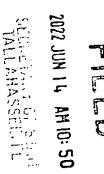
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## **COVER LETTER**

TO: Registration Section

Division of Co	rporations		
EMSHRO	BLE LLC	*	•
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CHRISTOPHER DAVIS.	CPA	
	*	Name of Person	
	BREVARD ACCOUNTIN	G GROUP, CPAs, PA	
		Firm/Company	
	150 FORTENBERRY RO.	AD VILLA A	
		Address	· · · · · · · · · · · · · · · · · · ·
	MERRITT ISLAND, FLO	Name of Person  D ACCOUNTING GROUP, CPAs, PA  Firm/Company  ENBERRY ROAD VILLA A  Address  TISLAND, FLORIDA 32952  City/State and Zip Code  GCPA.COM  E-mail address: (to be used for future annual report notification)  matter, please call:  321 626-6717  at (	
		City/State and Zip Code	<del></del>
	CJD@BAGCPA.COM	to have ad for future annual report no	vification)
For further information	concerning this matter, please co	·	Micarony
ERIC SHROBLE		321 626-6717	
Name	of Person		me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
<u>Mailing Addre</u> Registration		· · · · · · · · · · · · · · · · · · ·	Section
Division of (	Corporations	Division of Co	orporations
P.O. Box 63 Tallahassee,			Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

EMSHROBLE LLC

2022 JUN 14 AM 10: 50

	y as it now appears on a ability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number L22000245097	were filed on MAY 2	TALL AHASSEE, FL and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
ERIC SHROBLE LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "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:	2001	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	dd-aan an aw maaa	ds enter the name of the new registers
agent and/or the new registered office address here:	aaress on our recor	us, enter the name of the new registers
agent and/or the new registered office address here:	daress on our recor	us, enter the name of the new registry
	daress on our recor	us, enter the name of the new registers
agent and/or the new registered office address here:		
Name of New Registered Agent:	Enter Florida si	treet address
Name of New Registered Agent:	Enter Florida si	reet address Florida
Name of New Registered Agent:		treet address

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
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Dated	June 9		1 ·	2022						
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		Signatur	2010-	A 24 A 24 A	d	utative of a mer	nber			

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