Laacoalhoo

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #1
PICK-UP	☐ WAIT	MAIL
_		
(Busi	ness Entity Nai	me)
(Doci	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer.	
J. H(ORNE	
JUL	2 8 2022	
<u> </u>		

Office Use Only



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ALLAHASSEE, FF

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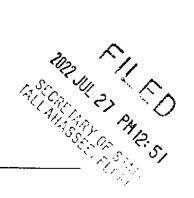
CORPORATE When you need ACCESS to the world ACCESS, ____

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		1	WALK IN	J		
	Ple	CK UP:	7/27 DA	ANNY		
	CERTIFIED COPY		<u>_</u>			
XX	РНОТОСОРУ					
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XX	FILING	LLC	AMEND			
-	(CORPORATE NAME AND DOC	CUMENT #)				<u> </u>
-	(CORPORATE NAME AND DOC	CUMENT #)				
-	(CORPORATE NAME AND DOC	CUMENT #)				
_	(CORPORATE NAME AND DOC					
-		CUMENT #)				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EMMA ORGANIZATION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	any were filed on $\frac{06/09/202}{}$	2 and assigned
Florida document number L22000264000		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
The		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	ce address on our records,	enter the name of the new registered
agent and/or the new registered office address here:	,	www.iczistere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	uddress
		Florida.
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>	·
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office	gree to act in this capacity te performance of my duti	es, and I am familiar with and
company has been notified in writing of this change.		от итиси наодиу

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>	Name	Address	Type of Action
AMBR	ORIT PILO	5009 SW 32ND TERRACE	≣ Add
		FORT LAUDERDALE, FL 33312	□Remove
			□Change
		DAdd	
			□Remove
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If the date	other than the date of fill listed, the date must be specific a nserted in this block does no we date on the Department o	and cannot be prior to da at meet the applicable	ste of filing or more than	90 days after filing 1 Pur	suant to 605.020 not be listed a
ord specifies filed.	delayed effective date, but n	ot an effective time,	at 12:01 a.m. on the e	arlier of: (b) The 90	th day after the
	06/15	. 2022			
i					
d		a member or authorized	1171	k 110	

Filing Fee: \$25.00