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(Address)
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(Document Number)
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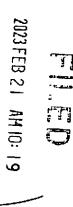




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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2022

EMELY COPELAND 134 CLARET COURT ORLANDO, FL 32807

SUBJECT: EMELYS AIRBNB LLC Ref. Number: L22000290523

We have received your document for EMELYS AIRBNB LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS **G**erk

480

Letter Number: 322A00024874.

www.sunbiz.org

COVER LETTER

TO:

TO: Registration So Division of Cor			
subject: <u>Em</u>	elys Airbnb	LLC	
SUBJECT	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Emely	Copoland Name of Person	
		Name of Person	•
	<u>Emely</u> .	S Airbob UC Firm Company	_
	ť	Firm/Company	
	134 (Claret Court	
	Oclar	rclo, FL, 32807 City/State and Zip Code	
		City/State and Zip Code	. ~2
	the !	to be used for future annual report notification)	123 FEB 21 AM 10: 11
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	all:	21
			SSE A
Name o	f Person	at () Area Code Daytime Telephone Number	e j
			2023 FEB 21 AM 10: 19
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632	•	The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 8	.10

FEB 2 1 2023

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emelys Airbnb	UC B
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on 06/27/2022= and assigned
Florida document number <u>L72000 Z90 5 Z3</u> .	
This amendment is submitted to amend the following:	SSFE FI
A. If amending name, enter the new name of the limited liabi	
EMC housing Ll	_C
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2774 East Colonial Drive
(Principal office address MUST BE A STREET ADDRESS)	Suite C #1201 Orlando, FL
	32803 United States
Enter new mailing address, if applicable:	2774 East Colonial Drive
(Mailing address MAY BE A POST OFFICE BOX)	Svite C#1201 Orlando, FL
	37803 United States
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:	<u></u>
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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 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
			□Add
			□Remove
			Change
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Effective date, if	other than the date o	of filing: _				(optiona	J)	
Note: If the date in	isted, the date must be spenserted in this block does	es not meet	the applicab					
uocument s effectiv	ve date on the Departm	encor State	s records.					
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Dated	02 / 15 Signate		2023	<u>.</u> .				
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