

122000290523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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[Signature]



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DEPT OF STATE
DIVISION OF CORPORATION

2023 FEB 21 AM 10:19

FILED

DEPT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FL

[Signature]



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 Clerk

Letter Number: 322A00024874

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emelys Airbnb LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emely Copeland

Name of Person

Emelys Airbnb LLC

Firm/Company

134 Claret Court

Address

Orlando, FL, 32807

City/State and Zip Code

the Vision Property 1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FEB 21 2023

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Emelys Airbnb 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 Company were filed on 06/27/2022 and assigned
Florida document number L22000290523

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EMC housing LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2774 East Colonial Drive

Suite C #1201 Orlando, FL

32803 United States

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2774 East Colonial Drive

Suite C #1201 Orlando, FL

32803 United States

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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STATE OF MISSISSIPPI
JANUARY 2023

2023 FEB 21 AM 10:19
STATION: TALLAHASSEE, FL

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2023 FEB 21 AM 10:19

DATE

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 02/15, 2023

Emily C.
of a member of author

Signature of a member or authorized representative of a member

Emely Copeland

Typed or printed name of signee