(Requ	uestor's Name)	
(Adda	ress)	
(Addı	ess)	
(City/	State/Zip/Phon	e #)
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(Docu	ument Number))
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

. Division of Corpor	ations		
SUBJECT:	EMT RA	ALESTAR L ed Liability Company	LC
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Julious	Name of Person	
		Real Estate Firm/Company	LLC
	1615, NI	W 601 AV.	
		F1 32693 City/State and Zip Code	
-	E-mail address: (to	be used for future annual report notificati	on)
For further information conc	erning this matter, please cal	l:	
Name of Pe	rson /	at (352) 214. Area Code Daytime Tel	ephone Number
ivalie of the	13011	Auta Code Dayimic Ini	
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

ŤO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMJ Real EST	at LLC		
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LAP 0003738</u> 4	were filed on $8/25/2^2$	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	NIA		
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	16151 NW 60 Trankon, Fl	32693	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u> e	NOV RET	egistered
Name of New Registered Agent:	<u> </u>	ARY OF S	3 1
New Registered Office Address:	Enter Florida street address	8 5 E, FL	<u>ر </u>
	, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Mai AMBR = Aut	nager thorized Member		
Title	Name 2 1	Address	Type of Action
MGR	Trhous Kley se	16:51 NW 602 N	Tokdd
		Address 16:51 NW 602 NV Trubo F1 32693	□Remove
			□Change
MGR	Ethel Riley	1615, NW 60t AV Transn Fl 32693	IIAdd
	,	Trabn F1 32693	
	2.1		□Change
RA	Tulious Rley se		
			SCAR NOV
Λ	01	<u>-</u>	E E Change P™
14P	Ethel Kiley	16151 NW 60 AV	A COLON
•		16151 NW 60 AV	SO Somove
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m effecti <u>ote:</u> If t	date, if other that we date is listed, the date inserted in 's effective date on	ate must be specific this block does no	and cannot be prior of meet the applic	able statutory filing r	(optiona than 90 days after filir equirements, this da	l) ag.) Pursuant to 605.0207 te will not be listed as
ecord spis filed.		ffective date, but	not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
			2.7			
				_ ·		
				prized representative of	a member	