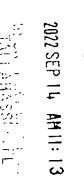
L22000 381980

	(Requestor's Name)		
-	(Address)		
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	(City/State/Zip/Phone #)		
PICK-UP	MAIL MAIL		
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Септеа Copies	Certificates of Status		
Special Instructions to	Filing Officer:		

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	: 12000000195				
REFERENCE	· (27 - 28 - 29				
AUTHORIZATION	Spelle Rema				
COST LIMIT	: \$ 25.00				
ORDER DATE : September 14, 2022					
ORDER TIME : 12:17 PM					
ORDER NO. : 954976-005					
CUSTOMER NO: 8365538					
DOMESTIC AMENDMENT FILING					
NAME: EMEU LLC					
EFFECTIVE DATE:					
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCOR	PORATION				
PLEASE RETURN THE FOLLOWING AS P	ROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO: Registration Division of	Section Corporations		
EMEU SUBJECT:	LLC		
SUBJECT:		Name of Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s):	are submitted for filin	g.
Please return all corr	espondence concerning this	matter to the following	g:
DANIELA HANKE			
	Name of Person		-
BP TAX ADVISOR	Y LLC		
	Firm/Company		-
848 BRICKELL AV	'E SUITE 203		
	Address	<u></u>	-
MIAMI, FL 33131			
	City/State and Zip Code		-
SOPORTELLC@BI	PTAX.COM		
E-mail address:	(to be used for future annua	l report notification)	-
For further information	on concerning this matter, pl	ease call·	
	-		100 1075
DANIELA HANKE		305 at (400-4975
Nai	ne of Person	Area Code	Daytime Telephone Number
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
□\$25 Filing Fee	☐ S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: EMEU LLC The Florida Document number of the limited liability company is: L22000381980 SECOND: Document to be corrected is: ARTICLES OF ORGANIZATION THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT \Box Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: NAME OF MANAGERS HAS A CHARACTER APPEARING, MANAGERS ARE NATALIA C. MUNOZ GOMEZ, MGR AT 848 BRICKELL AVE SUITE 203, MIAMI, FL 33131 LUCERO A. MUNOZ GOMEZ, MGR AT 848 BRICKELL AVE SUITE 203, MIAMI, FL 33131 \underline{OR} Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR ☑ The electronic transmission of the record was defective. Natalia C. Munoz Gomez
Signature of Authorized Representative 9/13/2022 New Registered Agent's Signature, if changing Registered Agent:

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Bruno Peistoto
Registered Agent's Signature

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)