Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062 : (323)962-8600 Phone Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:		

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EMERALD LIFE ADVENTURES, LLC

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COVER LETTER

CUDIFOR		LIFE ADVENTURES, LLC		
SUBJECT	:	Name of Limi	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for tiling.	
Please retur	n all correspor	idence concerning this matter	to the following:	
		Name of Person Area Code Daytime Telephone Number check for the following amount:		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	cation)
For further	information co	ncerning this matter, please ca	d1:	
Cheyenne l	Moseley			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	c following amount:		·
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

From: Danielle Gervasi

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERALD LIFE ADVENTURES, LLC				
(Name of the Limited Lizbility (A Florida L	Company as it now appears on our records.) imited Liability Company)			
The Articles of Organization for this Limited Liability Cor Florida document number L22000389934	npany were filed on 09/06/2022	and	d assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	: abbieviatio	յո "Լ. Լ.C."	_
Enter new principal offices address, if applicable:			,.	_
(Principal office address MUST BE A STREET ADDRE	<u></u>			_
			· ··························· ·········	_
Enter new mailing address, if applicable:		 -		_
(Mailing address MAY BE A POST OFFICE BOX)				
		∵	26	
		•	[22]	
B. If amending the registered agent and/or registe	red office address on our records, ente	er the na	mooof the	ne
registered agent and/or the new registered office addre	ss here:		」 를	
		; -	ω Έ	- 7
Name of New Registered Agent:				
		<u>.</u>	3	
New Registered Office Address:	Enter Florida street address	<u> </u>	<u> </u>	
	. Florida	•		
	, FIORIDA .	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:

LegalZoom.com, Inc.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	HOLSNAPPLE, BRIAN		
		15100 FRONT BEACH RD, UNIT 424 PANAMA CITY BEACH, FL 32413	■ Remove
			☐ Change
AMBR	HOLSNAPPLE, STACY		Add
		15100 FRONT BEACH RD, UNIT 424 PANAMA CITY BEACH, FL 32413	■ Remove
			□ Change
AMBR	Brian Holsapple	15100 FRONT BEACH RD, UNIT 424 PANAMA CITY BEACH, FL 32413	🖬 Add
			Remove
			Change
AMBR	Stacy Holsapple	15100 FRONT BEACH RD, UNIT 424 PANAMA CITY BEACH, FL 32413	
			□ Remove
			☐ Change
			Add
			□ Remove
		<u></u>	Change
			Add
			Remove
			Change

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Effective	date, if other than the date over date is listed, the date must be spe	of filing:	lute of filing or more than 90	(optional) days after filing.) Pursuant to 60:	5.0207 (
Note: If t	he date inserted in this block do 's effective date on the Departm	es not meet the applicable	c statutory filing requirer	nents, this date will not be list	ted as t
he recore The 90	d specifies a delayed effe oth day after the record is	ctive date, but not a filed.	n effective time, at	12:01 a.m. on the earli	ier of:
Dated	October 4th	2022			
	11	1/_			
	Senat	ure of a member or authorize	ed representative of a mem	per	

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Typed or printed name of signee

Filing Fee: \$25.00