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1201 Hays Street Tallhassee, FL 32301 Phone: 850-5\$8-1500 ACCOUNT NO. : I2000000195 REFERENCE : 145414 AUTHORIZATION : COST LIMIT : ORDER DATE : | November 18, 2022 ORDER TIME : 1:44 PM ORDER NO. : 145414-001 CUSTOMER NO: 8397404 DOMESTIC AMENDMENT FILING EMILIA'S MANAGEMENT AND NAME: CONSULTING, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERT‡FIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

EMILIA'S MANAGEMENT AND CONSULTING, LLC

2022 DEC 22 AM 11: 39

	Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our reco ility Company)	ords.) SECICE IN COUNTRY TATE
The Articles of Organization to	this Limited Liability Company wo	ere filed on TW/6/2022	and assigned
Florida document number L220			
This amendment is submitted to	amend the following:		
A. If amending name, enter t	ne new name of the limited liabilit	y company <u>here</u> :	
The new name must be distinguishable	and contain the words "Limited Liability	Company," the designation "L	I.C" or the abbreviation "L.L.C."
Enter new principal offices ad	dress, if applicable:		
(Principal office address MUS	T BE A STREET ADDRESS)		117
	_		
Enter new mailing address, if	applicable:		
(Mailing address MAY BE A P			
	-		
	agent and/or registered office add	ress on our records, ent	er the name of the new registered
agent and/or the new registere	d office address here:		
Name of New Register	ed Agent:		
New Registered Office	Address:		
		Enter Florida street add	ress
		,	FloridaZip Code
		City	Zip Code
New Registered Agent's Signatu	re, if changing Registered Agent:		
provisions of all statutes relat accept the obligations of my p	nt as registered agent and agree ive to the proper and complete pe osition as registered agent as prochange in the registered office adwriting of this change.	rformance of my duties, vided for in Chapter 60:	and I am familiar with and 5, F.S. Or, if this document is
	If Changin	g Registered Agent, Signatur	e 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 = A	uthorized Member		
<u>Title</u>	<u>Names</u>	Address	Type of Action
AMBR	ANA MARIA CASTRILLON	280 SHANTZ HILL RD	□Add
			Remove
		CAMBRIDGE, CA N3H 3-A1	□Change
		14	□Add
			□Remove
			□Change
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su ellei Icenz	re date, it other tr	(optional) han the date of filing: date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 date must be specific and cannot be prior to date of filing requirements, this date will not be listed a this block does not meet the applicable statutory filing requirements, this date will not be listed
		this block does not meet the arr. the Department of State's records.
		1
ecord	specifies a delayed	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed	l.	
. D	ecember 16	2022
ned	1	,
	1.5E	1900 (Timon
	4-1-1C	Signature of a member or authorized representative of a member
		·
	Esteban Giron	

Filing Fee: \$25.00