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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : H & CO, LLP Account Number : I20150000089 Phone : (305)444-8800 fax Number : (305)444-4010

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

Em	ai	1	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMEDES LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMEDES LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our re cd Liability Company)	ecorus.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L23000004178</u>	my were filed on 01/05/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	lability company here:	
The new name must be distinguishable and contain the words "Limited L	inhility Company " the designation '	"LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
	<del></del>	
		24 S
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
		E J
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>e</u>	Co
agent anothe the new registered drake against the services		, – <b>,</b>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street c	address
		, Florida
<del></del>	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.

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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>	Address	Type of Action
MGR	Matias Nicolas Denaro	2330 PONCE DE LEON BLVD CORAL GABLES,	□ Add
		FL 33134	Remove
			Change
MGR	Martin Emiliano Denaro	2330 PONCE DE LEON BLVD CORAL GABLES,	🖬 Add
		FL 33134	□Remove
			©Change
			🗆 Add
			□Remove
			□Add
			□Remove
			Change
			🗀 Add
			DRemove
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			🖾 Add
			□Remove
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ote:	ve date, if other than the date of filing:
ecor is fil	d 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
	9/10/2024
ted	
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