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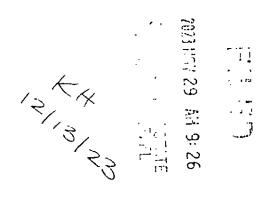
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: EMERALI	D HILL ASSET MANAGEME	NT & INVESTMENTS LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Alex R. Figares, Esq.		
		Name of Person	
	Coleman Yovanovich Koe	ster	
		Firm/Company	
	4001 Tamiami Trail N., St	e. 300	
	· · · · · · · · · · · · · · · · · · ·	Address .	
	Naples, FL 34103		
		City/State and Zip Code	
	afigares@cyklawfirm.com F-mail address: (to be used for future annual report notificat	ion)
For further information c	oncerning this matter, please ca	·	2023 HINV
Alex R. Figares, Esq.		at (239) 435-3535	
Name o	f Person	Area Code Daytime Tel	lephone Number
Enclosed is a check for the	ne following amount:		ې ښار
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	n
Division of C	orporations	Division of Corpor	ations
P.O. Box 632	. /	The Centre of Talla	ahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EMERALD HILL ASSET MANAGEMENT & INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L Florida document number L23000015594	iability Company	were filed on 01/06/2023	and a	nssigned	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	vords "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)		17260 Losillas Cir., #305 Fort Myers, FL 33913			
B. If amending the registered agent and/or agent and/or the new registered office addre			name of the r		
Name of New Registered Agent.		•	.()	K	
New Registered Office Address:	4001 Tamiami	Trail N., Suite 300	-	<u> </u>	
	Naples	Enter Florida street address Florid	日a 34103	9 F	
		City	Zip Сос	le	
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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Chris Reyes	6345 Royal Tern Cir.	■Add
		Lakewood Ranch, FL 34202	□Remove
			□Change
AMBR_	Luis Reyes	1440 Pine Warbler Pl., Unit 10106	Add
		Sarasota, FL 34240	□Remove
		 	□Change
			□Add
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ective date, if other than the d n effective date is listed, the date must b te: If the date inserted in this bloc nument's effective date on the Dep	se specific and cannot be prior k does not meet the applic	to date of filing or more table statutory filing re	(optional) han 90 days after filing quirements, this date	.) Pursuant to (105.020 will not be listed a
cord specifies a delayed effective of stiled.	late, but not an effective t	ime, at 12:01 a.m. on t	ne earlier of: (b) Th	ne 90th day after the
ed November 27	2023			
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Typed or printed name of signee