23000036944

4/7/23

V.LL.

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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ALLAHASSEE

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	ration Section n of Corporat					
SUBJECT:	Emmo	Kale	Sinian	LLC iability Company		
		No	me of Limited L	iability Company		
The enclosed Ar	ticles of Amer	ndment and fee(s) are submitte	d for filing.		
Please return all	corresponden	ce concerning th	nis matter to th	e following:		
	_	En	nma (r	N I M		_
				e Smith LL Firm/Company		
	_	3160	OMNHAR	Address		_
	_			ty/State and Zip Code		_
		l in y E-man	10 K J MI I address: (to be	Th 15 (A GMAI) used for future amual report	notification)	
For further info	rmation conce	rning this matte	r, please call:			
<u>{mmg</u>	Same of Pers	<u></u>		at (<u>850</u>) <u>57</u> Area Code Da	0 - U075 ytime Telephone Numb	er
Enclosed is a ch	neck for the fol	llowing amount	:			
□ \$25.00 Filin	ng Fee □	l \$30.00 Filing Certificate o		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Regis Divis	og Address: tration Sect ion of Corp Box 6327					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emma Kath Sn	nith UC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000036944</u> .	were filed on 1/19/23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
EMMA KITH SMITH LLC The new name must be distinguishable and contain the words "Limited Liabi	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3/64 Dunbar Lune
(Principal office address MUST BE A STREET ADDRESS)	Tallahasser, FL 32311
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address , Florida
	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.

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>	Name	Address	Type of Action
			□Add
			Remove
			□ Change
			□Remove
			Петюvе
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If amending any oth	.i illioi madou, c	inter enange(s) ne	ic. (imacii maniio	ner sneem, if needs	,,.,
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Effective date, if oth (If an effective date is liste Note: If the date inser document's effective of	ted in this block do	oes not meet the app	dicable statutory film	(option ore than 90 days after the grequirements, this	nal) (ling.) Pursuant to 605.0207 date will not be listed as
he record specifies a del ord is filed.	ayed effective date	e, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated April	7	202	3.		
	Signa (Signa	Mure of a member of a	uthorized representative	of a member	
		Emm	a SMITA		
		Typed or p	rinted name of signee		

Filing Fee: \$25.00