## L23000049437

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## **COVER LETTER**

TO: Section
Division of Corporations

SUBJECT: Emerald Co	ontractors US LLC		<b>,</b>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Marzulli		
	<u></u>	Name of Person	
	Emerald Contractors US L	LC	
	-	Firm/Company	
	1118 E Court St		
		Address	
	Tarpon Springs, FL 34689		
	<del></del>	City/State and Zip Code	
	johnhmarzulli@emeraldcon		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please e	all:	
John Marzulli		727 943-9046 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
Tallahassee, 1			rananassee oe Street, Suite 810

Tallahassee, FL 32303

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

Emerald Contractos US LLC

ON PROPERTY OF THE PROPERTY OF (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

	0.12(12)	1.1
The Articles of Organization for this Limited Li	ability Company were filed on 01/26/23	and assigned
Florida document number 1.23000049437		
Tiorial document manager	<del></del> ·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
•	· — — — — —	
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office address on our records, <u>enter thes here:</u>	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida

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	Jamie Nolan	1118 E Court St	
		Tarpon Springs, Fl. 34689	≣Remove
			Change
			□Add
			□Remove
		<del>.</del>	
			□Add
			□Remove
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			Change
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			□Remove
		<del></del>	□ Add
			□Remove
			□ Change

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