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| | Requestor's Name) | |
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| , | requestor s reame, | |
| (| Address) | |
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| (| City/State/Zip/Phone #) | - · · |
| PICK-UP | WAIT | MAIL |
| (| Business Entity Name) | |
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| egial Instructions to F | Filing Officer: | |
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Office Use Only



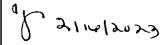
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COVER LETTER

| Division of Corpo | rations | | |
|------------------------------|--|--|--|
| SUBJECT:E | nerald C | ted Liability Company | <u>lC</u> |
| | | | |
| The enclosed Articles of Ar | mendment and fee(s) are subr | nitted for filing. | |
| Please return all correspond | ence concerning this matter t | o the following: | |
| · | Bri | Hand Cille | SPIP_ |
| | Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. Eturn all correspondence concerning this matter to the following: | | |
| | 311 + | lollis Que | |
| | Panar Emeraldo E-mail address: (1) | MA CITY FI City/State and Zip Code COAST DOLC & AM | 32401 10160m |
| For further information con | cerning this matter, please ca | ill: | |
| Britta | ny Cillesp | e = (850 630 ° | 229Nephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | |

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

| | : | السناء | 794. July | |
|---|---|--------|--------------|--------|
| _ | • | | تتلث | Care I |

| Emerald (| Cost Pole 1 (2023 FEB 16 PM 12: 05 |
|--|---|
| (Name of the Limited Liability Compa (A Florida Limited | ALLA, MESEE, FIL |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23,000,53<i>68</i>,</u> 2 | were filed on 150 2025 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | pility company here: |
| The new name must be distinguishable and contain the words "Limited Liabi | ility 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) | |
| | |
| 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: | address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| 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

| Title | Name | Address | Type of Action |
|-------------|-------------------|------------------------------------|------------------------|
|)mBR | Brittany Cillespu | e 311 Hollis Que panama city F1 | Add 3240 □Remove |
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| in effectiv <u>ote:</u> If tl | date, if other than the date of filing: |
| ecord sp is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ited | 2/16/2023 |
| | Signature of a member or authorized representative of a member |
| | D. 1110011 D. 110000 |
| | Typed or printed name of signed |