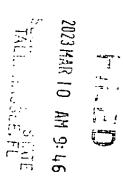
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| Certified Copies        | _ Certificates    | of Status |
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| Special Instructions to | Filing Officer:   |           |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations |  |   |  |  |
|---|--|---|--|--|
| EMANNUI SUBJECT:                                  | EL. LLC                                      |   |  |  |
| SUBJECT:  | Name of Lim                                  | ited Liability Company  |  |  |
| The enclosed Articles of                          | Amendment and fee(s) are sub                 | mitted for filing   |  |  |
|   | ondence concerning this matter               | _   |  |  |
|   | 3  | S   |  |  |
|   | VICTOR QUINONES                              |   |  |  |
|   |  | Name of Person  |  |  |
|   | EMANNUEL. LLC                                |   |  |  |
|   |  | Firm/Company  | <del></del>  |  |
|   | 37115 PAULS DRIVE                            |   |  |  |
|   |  | Address   | <del></del>  |  |
|   | ZEPHYRHILLS, FL. 3354                        | И   |  |  |
|   |  | City/State and Zip Code   |  |  |
|   | victorq44@gmail.com                          | to be used for future annual report notifi                          | cation)  |  |
| For further information of                        | concerning this matter, please c             |   | ,  |  |
|   | oneering this matter, preuse e               |   |  |  |
| VICTOR QUINONES                                   | 4D   | at ()   | Telephone Number   |  |
| Name o  | of Person                                    | Area Code Daytime   | Telephone Number   |  |
| Enclosed is a check for the                       | he 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 Address Registration 5                    |  | <u>Street Address:</u><br>Registration Sec                          | tion   |  |

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

FigD

2023 HAR 10 AH 9: 46 EMANNUEL, 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 Liability Company were filed on  $\frac{02/09/2023}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EMMANUEL, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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 |
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| E. Effective date, if other than the dat (If an effective date is listed, the date must be sometime) Note: If the date inserted in this block of document's effective date on the Depart | specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(<br>does not meet the applicable statutory filing requirements, this date will not be listed as the |
| If the record specifies a delayed effective dat<br>record is filed.  | te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| Dated FEBRUARY 17TH  |   |
| Victor Sign  | nature of a member or authorized representative of a member   |
| VICTOR QUINONES  | Typed or printed name of signee   |