

L23000090465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

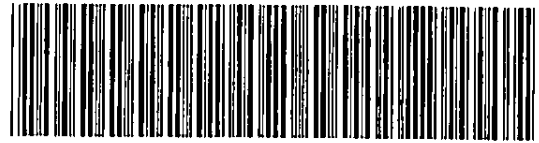
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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(Handwritten signature)

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAR 10 PM 3:02

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emnis Vacation Properties LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose E. Rodriguez Rivera  
Name of Person

\_\_\_\_\_  
Firm/Company

1820 JACKSON OAKS DR  
Address

BARTON FL 33830  
City/State and Zip Code

emnisproperties@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Rodriguez Rivera at (407) 489-4061  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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**

Emis Vacation Properties 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 February 20<sup>th</sup>, 2023 and assigned Florida document number L23000090465.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

4313 South Florida Ave.  
Lakeland, FL. 33813

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4313 South Florida Ave.  
Lakeland, FL. 33813

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:

Jose E. Rodriguez Rivera

New Registered Office Address:

1820 Jackson Oaks Dr.

Enter Florida street address

Barton

City

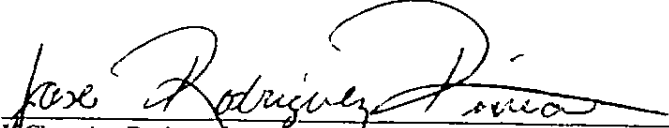
Florida

33830

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.*

  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose Gonsalves Rivera	1820 JACKSON OAKS DR.	<input type="checkbox"/> Add
		BARTON, FL. 33830	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose E. Rodriguez Rivera	1820 JACKSON OAKS DR.	<input checked="" type="checkbox"/> Add
		BARTON, FL. 33830	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FL.  
2023 MAR 1 PM 02

