

L23 000 313 577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

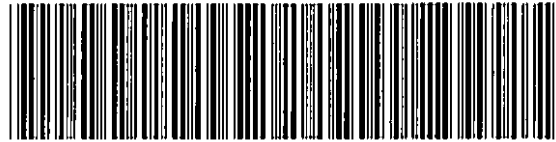
(Business Entity Name)

(Document Number)

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07/14/23--01004--004 **25.00

2023 JUL 14 AM 9:10
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JULIA A. HARRIS

CLERK OF COURT
JULIA A. HARRIS
TALLAHASSEE, FLORIDA

2023 JUL 14 AM 8:43

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMMA2415 L.L.C.
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:

SHIKHA BHUTANI
Name of Person

EMMA2415 L.L.C.
Firm/Company

968 JACOBS WAY
Address

CANTONMENT, FL, 32533
City/State and Zip Code

EMMA2415LLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHIKHA BHUTANI at (850) 293-0081
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

2023 JUN 14 AM 9:10

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

EMMA2415 L.L.C.

(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 06/30/2023 and assigned Florida document number L23000313517.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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 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

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 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	SHIKHA BHUTANI	968 JACOBS WAY	<input type="checkbox"/> Add
		CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHIKHA BHUTANI	968 JACOBS WAY	<input checked="" type="checkbox"/> Add
		CANTONMENT, FL 32533	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ASHISH JOON	10080 HILLVIEW DRIVE	<input type="checkbox"/> Add
		APT#278B	<input checked="" type="checkbox"/> Remove
		PENSACOLA, FL, 32514	<input type="checkbox"/> Change
AMBR	ASHISH JOON	10080 HILLVIEW DRIVE	<input checked="" type="checkbox"/> Add
		APT#278B	<input type="checkbox"/> Remove
		PENSACOLA, FL, 32514	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 11 27 09:10

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Filing Fee: \$25.00