L23000361709

(Requestor's Name)
(Address)
(Address)
(identity)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200419802002

12/04/23--01027--007 **25.00

2029 DEC -4 AM II: 33



COVER LETTER TO: Registration Section **Division of Corporations** SUBJECT: 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: Diego F Echeverry Vargas Name of Person Firm/Company 150 SE 2nd Ave, Suite 404 Address Miami, FL 33131 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Errol Polanco at (954), 662-3257 Name of Person at (954), 662-3257 Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

2EM , LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	=
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000361709}{L23000361709}$.	y were filed on August 2, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		2029 XEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DEC -4 AMII 33
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la

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	<u>Name</u>	Address	Type of Action
MGR	Errol Polanco	441 SW 55th Ter, Plantation, FL 33317	≣Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
	4.14		□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			🗆 Add
		 	□Remove
			□ Chango

Page 2 of 3

202
J.C. €.
<u>-</u>
2023 DE
_ ,

Page 3 of 3

Filing Fee: \$25.00