

To:

Page: 1 of 4

2024-02-10 11:22:49 UTC-14

18506176383

From: ZenBusiness User

2024-02-10 11:22:49 UTC-14

Division of Corporations

LA 3003 74789

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

H24000056749 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000056749 3))



H240000567493ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6583

From:

Account Name : ZENBUSINESS INC.
 Account Number : I20230000190
 Phone : (844)449-3624
 Fax Number : (844)449-3624

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
 2024 FEB -9 PM 11:25
 OFFICE OF THE STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 PREMIUM PROMOTE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED
 2024 FEB -9 PM 12:43
 SECRETARY OF STATE
 TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu

Thp LEMIEUX

FEB 12 2024 H24000056749 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1124000056749 3

Premium Promote 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 08/09/2023 and assigned Florida document number L23000374789

This amendment is submitted to amend the following:

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

Emilio Services LLC

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

11:ED
2024 FEB -9 PM12:42
SECRETARY OF STATE
TALLAHASSEE, FL

To:

Page: 3 of 4

2024-02-10 11:22:49 UTC+14

18506176383

From: ZenBusiness User

1424000056749.3

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>
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Business Purpose : We provide digital marketing services.

E. Effective date, if other than the date of filing: _____ (optional)

(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated February 9th 2024

/s/ Christian Emilio Viera
Signature of a member or authorized representative of a member

Christian Emilio Viera
Typed or printed name of signee