L23000474383

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COVER LETTER

TO:	Registration Se Division of Cor		•	
SUBJE	Emegald Pi	nes Investments Capital LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Mariann Horner		
			Name of Person	
		Emerald Pines Investments	s Capital LLC	
			Firm/Company	
		4413 Sebring Avenue		
			Address	
		Sebring, FL 33875		
		4Mea.nimi@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furtl	her information c	oncerning this matter, please co	all:	
Mariann	1 Horner		863 446-2057	
	Name o	f Person		e Telephone Number
Enclose	d is a check for th	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 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

FILED

Emerald Pines Investments Capital LLC

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(Name of the Limited Liability Compar	y as it now appea	rı on our reco	rds.)	
(Name of the Limited Liability Compar (A Florida Limited L	iaonity Company)		IALLAHAS!	SEE, FI OPIO
The Articles of Organization for this Limited Liability Company	were filed on Oc	tober 10, 202	23	and assigned
Florida document number L23000474383				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company he	ere:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the d	esignation "LI.	C" or the abbrev	iation "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)	-		-	
<u> </u>		· <u></u>	· - ·	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our re	ecords, <u>ente</u>	r the name of	the new registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	ida street addre	255	
		F	lorida	
	City	, - ·		ip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of i ovided for in C	my duties, a hanter 605	nd I am famil FS Or it ib	iar with and

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>	Type of Action
MGR	Mariann Horner	4413 Sebring Avenue	
		Sebring, FL 33875	□Remove
			□Add
			□Remove
		,	□Change
			□Add
			□Remove
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fective date, if other than the date must be neffective date is listed, the date must be the life the date inspectation this bloom that is the date inspectation this bloom that is the date inspectation that the date in the	ate of filing:		(option	al)
ne. If the date inserted in this ofoer	k does not meet the appli	cable statutory filing r	than 90 days after fil: equirements, this d	ing.) Pursuant to 605.02 ate will not be listed
cument's effective date on the Depa	artment of State's records	ş.	•	
ccord specifies a delayed effective d	ate, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
is med,				
October18	2023			
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	gnature of a member or auth	orized representative of	a member	
5.1	•			

Filing Fee: \$25.00