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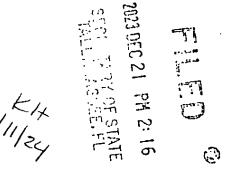
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COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT	E&M Asset l	Management		
SUBJECT	•	Name of Lim	ited Liability Company	
		mendment and fee(s) are sub		
		Erica Hand		
		***************************************	Name of Person	
	3721 SW 6th Ave			
			Address	*************************************
Cape Coral, Florida 33914				
			City/State and Zip Code	
		erica@emassetmanagement	net to be used for future annual report notification)	<u> </u>
For further	information cor	ncerning this matter, please ca	·	SECULIA STALLA
Erica Hand	I		239 270-4173 at ()	- 1474 - 1474 - 1474 - 1474 - 1474 - 1474 - 1474 - 1474 - 1474 - 1474 - 1474 - 1
	Name of	Person	Area Code Daytime Telephone	Number CON R
Enclosed is	a check for the	following amount:		一品 の
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 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

E&M Asset Management		
(<u>Name of the Limited L</u> (A I	iability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L23000546835</u> This amendment is submitted to amend the following	lity Company were filed on 12/11/23	and assigned
A. If amending name, enter the new name of the	e 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	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		y 23
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	in_ 123
		台品品
B. If amending the registered agent and/or regis	stered office address on our records, enter the	22
agent and/or the new registered office address he		DOF ST
Name of New Registered Agent:		LATE 6
New Registered Office Address:		
	Enter Florida street address	
_	, Florid	
	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 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>	Address	Type of Action
AMBR	Erica Hand	3721 SW 6th Ave	\equiv A dd
		Cape Coral, Florida 33914	
			□ Change
			□Add
			□Remove
			☐ Change
			□ Add
			Remove
			CF STATE Comove
			□Change
			Remove
			□ Add
			Remove
			□ Chanve

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or e: If the date inserted in this block does not meet the applicable statutory file.	more than 90 days after filing.) Pursuant to 605.0
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m i filed.	n. on the earlier of: (b) The 90th day after t
ed DECEMBER 19 2023	