

L23000552118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

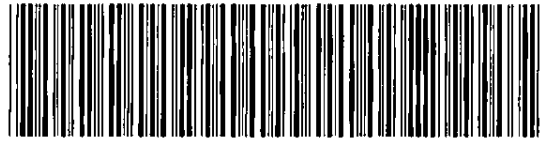
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200428668462

04/29/24--01020--015 **25.00

FILED
2024 APR 29 PM 4:43
025
68

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMBECK LLC

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:

Robert Justin Scamardo

Name of Person

EmBeck LLC

Firm/Company

4941 San Martino Dr.

Address

Wesley Chapel, FL 33543

City/State and Zip Code

JScam51@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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**

EmBeck 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 12/14/2023 and assigned
Florida document number 1,23000552118.

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>
AMBR	Owner Actions Inc	4941 San Martino Dr	<input type="checkbox"/> Add
		Wesley Chapel, FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Scamardo Ventures LLC	4941 San Martino Dr	<input type="checkbox"/> Add
		Wesley Chapel, FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert Justin Scamardo	4941 San Martino Dr	<input checked="" type="checkbox"/> Add
		Wesley Chapel, FL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Matejovich, Shawn	5749 Bayside Ridge Dr	<input type="checkbox"/> Add
		Galena Ohio 43021	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Finchum, Ryan	2034 McCormickDr.	<input type="checkbox"/> Add
		Greenwood, IN 46143	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Adding Additional Members to the LLC with extended names.

AMBR - Mark and Katie Marie Fleming Family Trust - 7720 Marsh Blue Ct. Westerville, OH 43082

AMBR - The Fleming Family Irrevocable Trust - 7720 Marsh Blue Ct. Westerville, OH 43082

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 April 23, 2024.

Robert Justin Seamardo
Signature of a member or authorized representative of a member

Robert Justin Seamardo

Typed or printed name of signer