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inall Address: JUINAS WFachner. C

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMGADI LLC

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COVER LETTER

TO: Registration S Division of Co			
Ş . ₩ EMGADI	TTC .		
SUBJECT:		5 11 195 0	
	Name of Lif	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Michael J. Fachner, Esq.		
		Name of Person	
	Fachner, PLLC		
		Firm/Company	
	301 Woodlands Pkwy, Su	ite #10	
		Address	
	Oldsmar, FL 34677		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	filings@fachner.com		
For further information	b-mail address:	to be used for future annual report not	ification)
Michael J. Fachner, Esq	• *	727 306-0201	
Name (of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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)
<u>Majling Addres</u> Registration (<u>Street Address:</u> Registration Sc	ection
Division of C	Corporations	Division of Con	
P.O. Box 632	· · ·	The Centre of 1	Tallahassee
Tallahassee, l	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMGADI LLC	•	•		
(Name of the Limited Li (A F	jability Compar lorida Limited L	y as it now appearability Company)	rs on our records,)	
The Articles of Organization for this Limited Liability Florida document number L24000026074	ity Company	were filed on ^{Ja}	nuary 11, 2024	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liabi	lity company h	<u>ere</u> :	
The new name must be distinguishable and contain the words	"Limited Liabili	ty Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET AL	DDRESS)		 -	
Enter new mailing address, if applicable:				~ >
(Mailing address MAY BE A POST OFFICE BOX	O			924
	21.			
				0
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office a re:	ddress on our r	records, enter the	name of the new registered
		•		= 7
Name of New Registered Agent:				. 16
New Registered Office Address:				
THE MARKET OF THE AUGUST.	··	Enter Flo.	rida street address	
			, Florid	a
	•	City		Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:			
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete p ed agent as pr etered office a	performance of Povided for in (^r my duties, and I Chapter 605, F.S.	am familiar with and Or, if this document is

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>	Name	Address	Type of Action
MGR	GERMAN AUGUSTO MARTINE Z	3924 Lockridge Drive	■Add
		Land O' Lakes, FL 34639	□Remove
		<u></u>	
		· · · · · · · · · · · · · · · · · · ·	□Add
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<u>)(e:</u> 11 (date, if other than the date of filing:
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	1006 10 2024 11 Per 17 Co
	Signature of a member of tuthorized representative of a member