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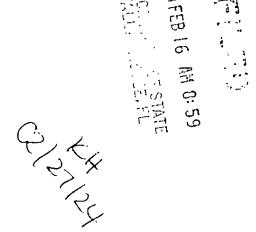
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SUBJEC	Т:	Emp) & (K	Davalu (]M{n+ ited Liability C	Ompany .		_	
The enclo	osed Articl	es of Ame	endment and	fee(s) are sub	mitted for fili	ng.			
Please ret	urn all cor	responder	nce concerni	ng this matter	to the following	ng:			
		-		Rober	+ J.	Scamard Person	.0		
		_		, .,	η Q Firm/Co	onipany			
		-	L	<u> </u> 94	San M	lartine Dr	<u> </u>		
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For furthe	er informa	tion conce		atter, please c	all:	- Constant of the constant	.		
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Δ	Mailing A	ddress:			(addition	al copy is enclosed) Street Address:		fied Copy ional copy is enclosed)	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Em Beck Develo	pment LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned		
Florida document number <u>L24000049668</u>	· ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		C 22		
B. If amending the registered agent and/or registered	office address on our records			
agent and/or the new registered office address here:		A 8: 5		
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 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
MUR	Scamaido Ventures LLC	4941 San Martin, Dr.	ZAdd
		Wesley (hapel FL 33543	□Remove
			□Change
AMBR	Cynthia Scamardo	3751 Silverjake Way	MAdd
		Wosley (hapel FL. 33544)	□Remove
			□Change
AMBR	Owner Actions Inc	1911 San Martine Dr.	🗹 Add
		Wesley Chapel, FL. 3354	 □Remove
		· ,	□Change
AMBR	Dogwinn Ventures LP	1941 San Martin, Dr.	
		Wosley (hapel, FL. 33543	Remove
		;;} 	S Change
AMBR	Ryan Finchum	4941 San Martino Dr.	T. 9 _ MAdd
		Wasley Chappl, FL. 33543	Remove
			□Change
AMBR	Shawn Malejouich	4941 San Martine Dr.	_ ŁAdd
		Wesley Chapel, FL. 33543	Remove
			□Change

Removing	EmBeck	LLC	αS	an qu	thurzed	member.
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ve date, if other tha ective date is listed, the da If the date inserted in t	ite must be specific and	l cannot be prie	or to date of	filing or more t	han 90 days afte	er filing.) Pursuant to 6
ent's effective date on				, migre	quirements, in	27.
d specifies a delayed el	Tective date, but not	an effective	time, at 12	¹ :01 a.m. on ti	he earlier of: (b) The 90th day af
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02/13/21		·	·			
	Rolls Signature of all	member or aut	CAMUL horized ren	resentative of a	member	