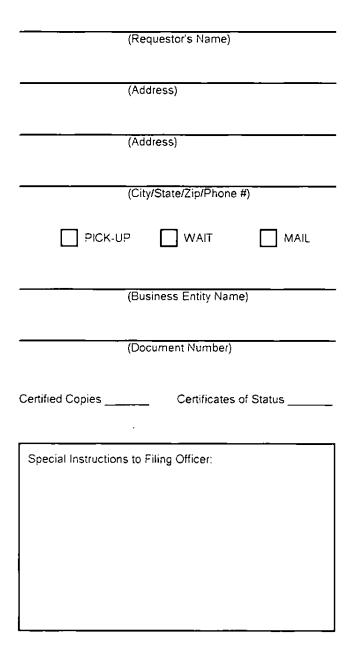
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Sec Division of Corp					
cupuc		AMILY LLC				
SUBJEC	.1;	Name of Limi	ited Liability Company	1842		
The encid	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please ret	turn all correspo	ndence concerning this matter	to the following:			
		VINCENT ALLARD				
			Name of Person			
		CORPOMAX INC.				
Finn/Comp						
		2915 OGLETOWN RD				
		NEWARK, DE 19713				
	City/State and Zip Code INFO@CORPOMAX.COM					
		E-mail address: (to be used for future annual repor	rt notification)		
For furth	er information co	oncerning this matter, please ca	all:			
VINCE	NT ALLARD		302 266-82			
Name of Person		Area Code D	aytime Telephone Number			
Enclosed	l is a check for th	ne following amount:				
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Addre			
	Registration S Division of C		Registratio Division of	n Section Corporations		
	P O Roy 632	-		of Tallahassaa		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMMA FA		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our recording Company)	da)
The Articles of Organization for this Limited Liability Com	pany were filed on FEB 6, 2024	and assigned
Florida document number 1.24000067248		
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 ADDRES	(S)	2024 P
		<u>₹</u> 8
Enter new mailing address, if applicable:		Syp 3 [T
(Mailing address MAY BE A POST OFFICE BOX)		္ဗ်က္က မွ
		C 29
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	lice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	·····	
	Enter Florida street address	u
	City Flo	orida
Non-Boston day of 6th and 6th	Cuy	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

Title	Name	Address	Type of Action
MGR	Anna Karina OBARA	914 Clint Moore Rd	■Add
		Boca Raton, FL 33487	□ Remove
			□ Change
			□Add
			□Remove
			□∧dd
			□Remove
			□ Add
			□Remove
			□Add
•			□Remove
			Change
			□ Add
			□ Remove

. If amending any other infor	rmation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
		
		
		
		
Note: If the date inserted in the	the date of filing:	ant to 605.0207 (3 or be listed as th
the record specifies a delayed eff cord is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated MAY 5	2024	
· <u>·</u>	Sympture of a member or authorized representative of a member	 -
	Marian JAKUBOWICZ, Manager	
	Typed or printed name of signee	_ -

Filing Fee: \$25.00