

To:

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2024-04-12 06:33:37 UTC+14

18506176383

From: ZenBusiness User

H24000132698 3

**L24000132698 3**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000132698 3)))



H240001326983ABC2

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.  
Account Number : I20230000190  
Phone : (844)449-3624  
Fax Number : (512)597-0678

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EMRY SOLUTIONS LLC

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DEPT. OF STATE  
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TALLAHASSEE, FLORIDA

2024 APR 11 PM 1:13

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Corporate Filing Menu

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T. LEMIEUX

APR 12 2024

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2024-04-12 06:33:37 UTC+14

18506176383

From: ZenBusiness User

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H24000132698.3

Emry Solutions 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 02/29/2024 and assigned  
Florida document number L24000105025.

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:

6593 N Darlington Dr

(Principal office address MUST BE A STREET ADDRESS)

Dunnellon, FL 34434

US

Enter new mailing address, if applicable:

6593 N Darlington Dr

(Mailing address MAY BE A POST OFFICE BOX)

Dunnellon, FL 34434

US

**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

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From: ZenBusiness User

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>
MGR	Justin Katchmer	6593 N Darlington Dr	<input type="checkbox"/> Add
		Dunnellon, FL 34434	<input type="checkbox"/> Remove
		US	<input checked="" type="checkbox"/> Change
MGR	Malcolm Curry	6434 Treehaven Dr	<input checked="" type="checkbox"/> Add
		Spring Hill, FL 34606	<input type="checkbox"/> Remove
		US	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**F. 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 11th 2024

Justin Katchmer

Signature of a member or authorized representative of a member

Justin Katchner

Typed or printed name of signee