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IALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corp	oorations
SUBJECT:	EM GLOBAL HOLDINGS, L.L.C.
	Name of Limited Liability Company
The enclosed Articles of a	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Neil Morris
	Name of Person
	Neil Morris Name of Person GEM GloBAL HOLDINGS L.L.C Firm/Company
	Firm/Company
	SISO BELFORT Rd. BIDG- 100 Address
	TALKSANILL FR. 32756 City/State and Zip Code NELHMORRIS & YAHOO- Com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	NEILHMORRIS E YAHOO- COM
For further information co	neerning this matter, please call:
	Person at (904) 566-3785 Area Code Daytime Telephone Number
Name of	Person Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:
S25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
N Calling 1 3 3	
<u>Mailing Address</u> Registration Se	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEM Global Holdings, L.L.C.

FILED
2024 NOV 14 PM 4: 09
TÄLLAHASSEE FLÖRIÖA

(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 $\frac{20-07-2029}{2023}$ and assigned Florida document number $\frac{99-3349196}{2023}$
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

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.

City

Florida ___

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	NEIL HOWARD MORRIS	209 BOWLES ST NEPTUNE BEACH FL 32266-	.918 ≣ Add
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			□Change
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