

L240000361374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

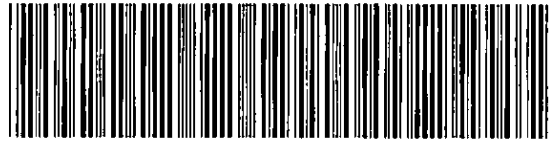
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200437348522

10/01/24--01034--016 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT -1 AM 8:39

FILED

Me

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMS GROUP MIA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Konstantin Obuhov

Name of Person

EMS Group MIA LLC

Firm/Company

17100 N Bay Road - 1810

Address

Sunny Isles, FL 33160

City/State and Zip Code

konstantin@msgroupny.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bolton

908 625-4282

Name of Person

at ()

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT -1 AM 8:39

FILED

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

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**

EMS Group MIA 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 08/16/2024 and assigned
Florida document number 1.24000361374.

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

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

FILED
2024 OCT -1 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FL

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	Konstantin Obuhov	17100 N Bay Road	<input checked="" type="checkbox"/> Add
		Suite 1810	<input type="checkbox"/> Remove
		Sunny Isles, FL 33160	<input type="checkbox"/> Change
AMBR	Amanda Lall	106 Mott Street	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Oceanside, NY 11572	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 OCT -1 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2024 OCT 1
SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT -1 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FL

77-10000

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.

Dated September 11 2024

Konstantin Obuhov

Typed or printed name of signee