## L24000361374

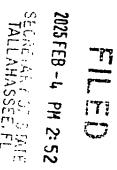
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;

Office Use Only



200443967682

02/04/25--01031--010 \*\*30.00



S. ROBERTS
MAR 1 1 2025

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT. EMS CHOUD MADE LAC	
SUBJECT: EMS GLOUP 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 OBUHOU	
Name of Person	
Firm/Company	
17100 N BAY RD 1810	
Address	
SUNNY ISLES FL. 33140	
SUNNY ISLES, FL, 33160 City/State and Zip Code	
KONSTANTIN @ UNION FAS. COM  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
KONSTANTIN OBUHOV at (118) 877 - 8151  Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	l'Status & Dy

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

ENS GROUP MIALLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Liability Company	were filed on 05/19/24	and assigned		
lorida document number <u>L 24 000 361 374</u> .	·			
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	oility company here:			
UNION FAS LLC				
UNION FAS LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		s_ <b>78</b>		
Principal office address MUST BE A STREET ADDRESS)		TAC: T		
		B		
		\$ - m		
Enter new mailing address, if applicable:		S SEE		
Mailing address MAY BE A POST OFFICE BOX)		75 <b>5</b>		
		7 77 7		
3. If amending the registered agent and/or registered office a	address on our records, <u>enter the</u>	e name of the new register		
gent 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:				
hereby accept the appointment as registered agent and agree	ee to act in this capacity. I furth	er agree to comply with t		

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<del> </del>		
			□Remove
			□ Change
	<del></del>		
			□Remove
		<del></del>	□ Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

\_\_\_\_\_\_ □Change

		<u> </u>				<del></del>	_
							_
							_
			<del></del> .	<u>.                                    </u>	-		_
					<del></del> -		<b></b>
	<u></u>						_
							_
		· · · ·					_
							_
							_
_							_
		<u> </u>			·		_
							-
		<del></del>		<del>_</del>			_
						<u> </u>	_
					<u>-</u>		_
fective	date, if other than t	the date of filing	2:		(optio	nal)	
m effecti	date, if other than to we date is listed, the date in the date inserted in this	must be specific and	cannot be prior to	date of filing or more	than 90 days after :	filing.) Pursuant to 60	5.0207 (
	's effective date on the			ic statutory filling i	equirements, tins	date will not be its	icu as i
ecord s	pecifies a delayed effec	ctive date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	er the
is filed.							
atud	01   28		2.025				
aicu	01   28	,	1005	. •			
		1/					
		// 🦳					
	<u> </u>	Signature of a r	nember or authoriz	ed representative of	a member		