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COVER LETTER

TO: Registration So Division of Cor		•		
Emerald A: SUBJECT:	sset Advisors, L.L.C.	,		
3000GQT;	Name of Lim	ated Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Allan Budelman			
		Name of Person		
	Emerald Asset Advisors, I	LC		
		Firm/Company		
	2843 Executive Park Drive	3		
		Address		
	Weston, FL 33331			- 15 F
	abudelman@emeraldfamily	City/State and Zip Code office.com		
	E-mail address: (to be used for future annual report notific	ration)	
For further information c	concerning this matter, please c	alł:		31 S 28
Allan Budelman		954 332-0691 at ()		(C)
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 State Certified Copy radditional copy is encl	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emerald Asset Advisors, L.L.C

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{198000001494}{1000000000000000000000000000000000000$	were filed on <u>08/18/19</u>	98 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SLAMMJ, L.E.C.		ے.
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviation "LLC" (12)
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 of registered agent and/or the new registered office address here		records, enter the name of the new
Name of New Registered Agent:		
No. 10 Carried Office Addition		
New Registered Office Address:	Enter Florida stre	vet address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or. if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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