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APR 07 2015

R. WHITE

COVER LETTER

TO:	Registration Sec Division of Corp		, .	•
SUBJE	EMH CAI	PITAL GROUP		
SOBJE	U1	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		. M	ichael Cohen	
Name of Person			· · · · · · · · · · · · · · · · · · ·	
Emh Capital Corp				
Firm/Company				
1395 Brickell Ave # 660				
			Address	· · · · · · · · · · · · · · · · · · ·
Miami Fi 33131				
			City/State and Zip Code	
			scohen57@gmail.com to be used for future annual report notific	cation)
For furtl	ner information co	oncerning this matter, please ca	·	
	hael cohen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	305 755-9061	
	Name of	Person .	at () Area Code Daytime	Telephone Number
Enclose	d is a check for the	e 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)
		NG ADDRESS:	STREET/COURIE Registration Section	

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

TO:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2015

MICHAEL COHEN 1395 BRICKELL AVE #660 MIAMI, FL 33131

SUBJECT: EMH CAPITAL GROUP, INC.

Ref. Number: P10000036377

We have received your document for EMH CAPITAL GROUP, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 215A00005471

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION:	EMH CAPIT	TAL GROUP	
DOCUMENT NUMBER:	P 100000 363	377	
The enclosed Articles of Amendment	and fee are submitted for filin	ng.	
Please return all correspondence conc	erning this matter to the follow	wing:	
	MichAE!	cohed	
	Name of Con	ontact Person CAIGRONP	
		Company ell Ave #660	
	MiAMi F	CLA 33131	
	City/ State and	2 QGMAIL.COM	
For further information concerning th	is matter, please call:	·	
MichAEICoheN	at (75 y 328-5796 Area Code & Daytime Telephone Nur	
Name of Contact Pers	on	Area Code & Daytime Telephone Nur	nber
Enclosed is a check for the following	amount made payable to the F	Florida Department of State:	
-	Filing Fee & S43.75 Filing Fee & Certified C (Additional enclosed)	Copy Certificate of Status Il copy is Certified Copy	
Mailing Address Amendment Section Division of Corpora P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation

APR -3 PH 12: 00

Nocoo 36377
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

s Articles of Incorporation:	1
. If amending name, enter the new name of the corporation:	<i>/ ·</i>
	The n
ame must be distinguishable and contain the word "corporation," "company," or "i Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional c ord "chartered," "professional association," or the abbreviation "P.A."	ncorporated" or the abbreviate
. Enter new principal office 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)	
If amending the registered agent and/or registered office address in Florida, enter to new registered agent and/or the new registered office address:	he name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	Horida(Zip Code)
(City)	(ZIP Coae)
ew Registered Agent's Signature, if changing Registered Agent:	inviews of the position
hereby accept the appointment as registered agent. I am familiar with and accept the obli	igations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones -	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One) 1) Change Add Remove	<u>Title</u>	PAOIA BOTERO	1395 BRICKellAVE #660 MiAmi FL 33131
2) Change Add Remove			
3) Change		•	
Remove 4) Change Add		<u> </u>	
Remove 5) Change Add			
6) Change Add Remove		<u> </u>	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated March 30/15	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MichAElcohed	
(Typed or printed name of person signing) PRESIDENT	

(Title of person signing)