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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 01/17/2025

NAME: EMMA DORA LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Docusign, Envelope ID: 11E2EAB2-A374-43F4-B95D-05D60BBF7DF6 COVER LETTER TO: Registration Section Division of Corporations Emma Dora LLC SUBJECT: \ 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: Emma Silverstone - Segal Name of Person Firm/Company 6801 Collins Avenue Address Miami Beach, FL 33141 City/State and Zip Code missemmadora@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Emma Silverstone - Segal Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,

Mailing Address:

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

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Tallahassee, FL 32303

Docusign Envelope ID: 11E2EAB2-A374-43F4-B95D-05D60BBF7DF6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 JAH 17 AMII: 23

Emma Dora LLC		
(<u>Name of the Limited Liał</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L25000018156	y Company were filed on January 13, 2025	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L Enter new principal offices address, if applicable:	.imited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Clowid	

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

Zip Code

Docusign Envelope ID: 11E2EAP2-A374-43F4-B95D-05D60BBF7DF6
Transcripting Authorized rerson(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
AMBR	Emma Dora	6801 Collins Avenue	□Add
		Miami Beach, FL 33141	■Remove
			□Change
AMBR	Emma Silverstone - Segal	6801 Collins Avenue	= Add
		Miami Beach, FL 33141	Remove
			□Change
			□Add
			Remove
			☐Change
			□Add
		-	□Remove
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			□Change
			□Add
			□Remove
			☐ Change

Effective date, if other than the date of filing:		·			
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Emma Silverstone - Segal		713C5A31/9/A412 Si	gnature of a member or authoriz	ed representative of a member	
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