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a/ 12/2/2023

## **COVER LETTER**

TO: Registration Section

Division of Corpo	
SUBJECT:	EMC 5HOCKS LLC  Name of Limited Liability Company
	nendment and fee(s) are submitted for filing.
Transfer and Confession	the concerning and finance to the following.
	Jean-Philippe Guerin Name of Person
	EMI Shocks LLC Firm/Company
	2870 Stirling Road
	Address
	Hollywood, FL 33020
	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
Jean - Philippe	Guerin at (954) 853-9527  Area Code Daytime Telephone Number
Name of Pe	rson Area Code Daytime Telephone Number
Enclosed is a check for the fo	-
S25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations Division of Corporations The Centre of Tallahassee
1	/

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF	2023 NOV 17 AH 9: 33
	HOCKS L	
(Name of the Limite	Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Lia Florida document number <u>L2300013</u>	bility Company were filed on _	3-23-23 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	he limited liability company l	here:
Enter new principal offices address, if applical (Principal office address MUST BE A STREET	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida str <del>eet</del> address
	W	, 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 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>	Name	Address	Type of Action
MGR	Jean-Philippe Guerin	1tollywood, FC 33020	□Add
	•	Hollywood, FC 33020	□Remove
			X Change
AMBR	EMC_SAS	EMCSAS AT 13 rue de Verdu	
		69100 Villeurbanne, France	⊠Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗀 Remove
			Change
<del></del>			□ Add
			□Remove
			☐ Change

-	
fan ef Note:	tive date, if other than the date of filing:  [Coptional]  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the fled.
Dated	10/03/2023 <u>2023</u>
	Signature of a member or authorized representative of a member
	Jean-Philippe Guerin Typed or printed name of signee

Filing Fee: \$25.00