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13:06 PM

TO:18506176383

FROM: 4073703120

8/27/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000322255 3)))



H210003222553ABCW

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686

Fax Number ; (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MAYPAQ LARGOWAK COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ERML INVESTMENTS LLC

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S. PRATHER

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## **COVER LETTER**

TO: Registration : Division of Co			·		
	IVESTMENTS LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	CAROLINE G LARSON				
		Name of Person			
	LARSON ACCOUTING	GROUP			
	Firm/Company				
	7901 KINGSPOINTE PKWY STE 15				
	<del></del>	Address	<del></del>		
	ORLANDO, FL 32819				
	City/State and Zip Code				
	MAYRA@LARSONACC.	COM to be used for future annual report not	iffication)		
For further information	concerning this matter, please c	-	,		
CAROLINE LARSON	1	407 370-3686			
Name	e of Person		ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Malling Addu</u> Registration		Street Address: Registration So	ection		
Division of Corporations		Division of Co	rporations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERML INVESTMENTS LLC				P.3
(Name of the Lim	ited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 08/17/2021  Florida document number L21000369786			and assigned	K (1) 17
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited li	ability company here:		
N/A				_
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
				_
Enter new mailing address, if applicable:		N/A		_
(Mailing address MAY BE A POST OFFICE	E BOX)			_
B. If amending the registered agent and/or agent and/or the new registered office addr	_	ce address on our records, <u>enter the na</u>	me of the new regis	_ itered
Name of New Registered Agent:	N/A			_
New Registered Office Address:	<del></del>	Enter Florida street address		
				_
	· _ · ·	City	Zin 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.

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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

Dage:

<u>Title</u>	Name	Address	Type of Action
AMBR	RAQUEL X. CARNEIRO GUEDE	RUA SAMAMBAIA 571 APT 83A	□ Add
		SAO PAULO, SP 04136-111 BR	□Remove
			≣Change
<del>_</del>			□Add
			□ Remove
		<del></del>	Change
			□Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			🗀 Add
		□Remove	
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A E. Effective date, if other than the date of filing: \_ (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. **AUGUST 27** 2021 Dated Eduardo M Duedes Signature of a member or authorized representative of a member EDUARDO MASSARI GUEDES (AMBR) Typed or printed name of signee

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Filing Fee: \$25.00