

✓
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

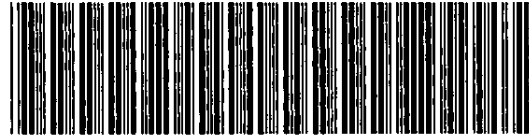
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUN - 1 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EROSION RESTORATION, LLC

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:

ANDRE VAN DEN BERG

Name of Person

EROSION RESTORATION, LLC

Firm/Company

5601 POWERLINE RD, SUITE 306

Address

FT LAUDERDALE, FL 33309

City/State and Zip Code

MELANIE@EROSIONRESTORATION.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELANIE BERNAL

Name of Person

at (954)

327-3300

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 31 PM 1:33

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Enclosed is a check for the 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)

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

EROSION RESTORATION, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>SAUER VAN DEN BERG</u>	<u>6520 E TROPICAL WAY</u>	<input type="checkbox"/> Add
		<u>PLANTATION, FL 33317</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>ARELIS VAN DEN BERG</u>	<u>5715 BAYBERRY LANE</u>	<input checked="" type="checkbox"/> Add
		<u>TAMARAC, FL 33319</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

05/25, 2012

Signature of a member or authorized representative of a member

ANDRE VAN DEN BERG

Typed or printed name of signee

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Filing Fee: \$25.00

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