

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000235564000

05/31/12--01009--010 \*\*25.00

12 MAY 31 PM 1: 33
SEURE ABY DE STATE

B. BOSTICK

JUN - 1 2012

EXAMINER

## **COVER LETTER**

TO: Registration of	on Section Corporations		
SUBJECT:	EROSION R	ESTORATION, LLC	
	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	AN	IDRE VAN DEN BERG	
		Name of Person	
	EROS	ION RESTORATION, LLC	
		Firm/Company	
	7004 B		
	5601 P	OWERLINE RD, SUITE 306 Address	
		Address .	
	FTL	AUDERDALE, FL 33309	
MELANIE@I		City/State and Zip Code	
		EROSIONRESTORATION.COM	
	E-mail address: (	to be used for future annual report notification)	Tarior I
For further information	on concerning this matter, please of		Azara F
М	ELANIE BERNAL	at (954) 327-3300 SE 327-3300	Albert.
	ne of Person	Area Code & Daytime Telephone Number 🗁 🗀	
		<b>&gt;</b>	
Enclosed is a check f	or 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)	
	AILING ADDRESS: gistration Section	STREET/COURIER ADDRESS: Registration Section	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EROSION REST	ORATION, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company		and assigned			
Florida document number <u>F00000092295</u> L020001988	2				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:	٠.			
		·			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "Li	LC" or the abbreviation			
Enter new principal offices address, if applicable:	5601 POWERLINE RD, SUITE 306				
(Principal office address MUST BE A STREET ADDRESS)	FT LAUDERDALE, FL 33309				
		<del>1</del>			
Enter new mailing address, if applicable:	5601 POWERLINE RD, SUITE	306			
(Mailing address MAY BE A POST OFFICE BOX)	FT LAUDERDALE, FL 33309	SS: W			
		mc o M			
D 16 amountles the surface of second and the surface of the	NG alduna				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		le name of the new			
	_	Þ			
Name of New Registered Agent:					
New Registered Office Address:					
Enter Florida street address					
· · · · · · · · · · · · · · · · · · ·	, 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 608, 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 Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
MGR_	SAUER VAN DEN BERG	6520 E TROPICAL WAY PLANTATION, FL 33317	Add Remove
MGR	ARELIS VAN DEN BERG	5715 BAYBERRY LANE TAMARAC, FL 33319	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
·	·		AddRemove
D. If ame	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.) 
_			——————————————————————————————————————
- -	25/25 20	42	T2 HAY 31
Dated	O5/25, 20	er or authorized representative of a member	PA 1: 3:
	AND	RE VAN DEN BERG	ω
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00