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## **COVER LETTER**

COVERCETTER	
TO: Registration Section Division of Corporations	
SUBJECT: ERLLLC  Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Celia E. Der Fix Name of Person	
ERL LLC Firm/Company	
599 9th St. Worth, Swite 300	<u>.</u>
Naples F/ 34102 City/State and Zip Code	19 SEP 30 PM 4: 43
<u>Cdeifik@naplesattorney</u> , net E-mail address: (to be used for future annual report notification)	PM 4: 43
For further information concerning this matter, please call:	
Celia E.Deifik at (239) 280-4162  Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section	

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

\$55 Filing Fee \$Certified Copy

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

		<del></del>		<del></del>
(Name of the Limited (A	Liability Company a Florida Limited Liab	s it now appears on ou lity Company)	<u>ir records.</u> )	
The Articles of Organization for this Limited Liab Florida document number <u>LO 4000</u>	ility Company we <u>483</u> 97	re filed on <u>Jun</u>	e 28, 200	24and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	e limited liability	company here:		
	V / A-			_
The new name must be distinguishable and contain the word	s "Limited Liability (	Company," the designati	ion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	e: _	N	/A	, <u></u>
(Principal office address MUST BE A STREET)	ADDRESS)			<u>්</u> විසිදු ග ගත
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO			1/4	EN 30 BM 11: 43
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on our	records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:	Celia	E, De	e, F, K	
New Registered Office Address:	599	Enter Florida stre	North,	Suite 300
-	Naple	S City	, Florida	34102 Zip Code
New Pagistared Agent's Signature if changing Pag	ictared Laent:			

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Celia E. Deifik	599 9th St N.	BAdd as Sole Mgr
		Suite 300	🗖 Remove
	,	Naples F1 34102 same aslobrem	Change
AMBR	Suzanne hanjer	same adobreu	D Add
			Remove
			Change
AMBR	Donald K. Russ, J.	r same addren	Add
			□ Remove
			Change
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Afan of	five date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Note:	nent's effective date on the Department of State's records.
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<u>Note:</u> docun	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
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Filing Fee: \$25.00