

L040000087092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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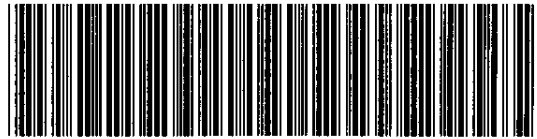
Special Instructions to Filing Officer:

A. LUNT

DEC - 9 2008

EXAMINER

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 DEC - 8 PM 1:50

FILED

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ERPRO'S L.L.C  
(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:

Sam Ray  
(Name of Person)

ERPRO'S, L.L.C  
(Firm/Company)

P.O. Box 780126  
(Address)

Orlando, FL 32828-9997  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Sam Ray at ( 407 ) 748-0833  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

ERPRO'S, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 3rd, 2004 and assigned  
Florida document number L04000087092.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

E.R. Pro's, LLC

The new name must be distinguishable and end with the words "Limited Liability 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 STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Sam Ray

New Registered Office Address:

N/A

(Enter Florida street address)

N/A

Florida N/A

(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:

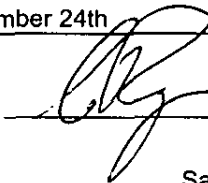
MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Sam Ray	P.O. Box 780126 Orlando, FL 32828-9997	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Deborah J. Ray	10390 Cypress Knee Circle Orlando, FL 32825	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
N/A	N/A	N/A N/A N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
N/A	N/A	N/A N/A N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
N/A	N/A	N/A N/A N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
N/A	N/A	N/A N/A N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
N/A	N/A	N/A N/A N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>

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

N/A  
N/A  
N/A  
N/A  
N/A

Dated September 24th, 2008

  
Signature of a member or authorized representative of a member  
Sam Ray  
Typed or printed name of signee