LOGUCCO HAGICS

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(ON) States Elph Hone II)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
ĺ			
Į.			

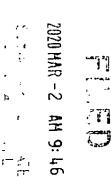
Office Use Only



800341173198

03/02/20--01010--020 **25.00

S TALLENT MAR 2 0 2020





COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ERES Res	Edential LLC ELimited Liability Company	
The enclosed Articles of Amendment and fee(s) are	e submitted for tiling.	
Please return all correspondence concerning this ma	atter to the following:	
Christ	re Christenson Name of Person	
- Echelo	Firm/Company	
	hird Street South # 300)
St. Pete Christ E-mail addro	City tate and Zip Code Ce Chelonre. Com ess: (to be used for future annual report notification)	
For further information concerning this matter, plea	ise call:	
Christie Christenson Name of Person	at (727) 803-82 Area Code Daytime Telephone	20 : Number
Enclosed is a check for the following amount:		
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Statu	S Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address:	Street Address:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ERES Kesident	ial UC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ry were filed on <u>05-06-2005</u>	and assigned
Florida document number <u>L05000045103</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	hility Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2020 HAR
(Mailing address MAY BE A POST OFFICE BOX)		
		2
		P
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	·
agent and of the new registered office address here.		£ 6
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	<u>t:</u>	

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.

If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
<u>VP</u>	Jeffery Cash	3044 Dominion Court	⊡xdd
U	U	3044 Dominion Court Safety Harbor, FL 346	95 □Remove
			□Change
		🗆 Add	
			□Remove
			🏻 Change
			🗆 Add
			Remove
		-	□Change
			🗆 Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change
			□ Add
			□Remove
			□Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an e <u>Note</u> :	tive date, if other than the date of filing:
f the reco	ord 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 filed.
Dated	February 24 2020
	Signature of a member of authorized representative of a member
	$C \cap T_1$
	Typed or printed name of signee

Filing Fee: \$25.00