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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT .	/ AIL
(Business Entity Name)	
(Document Number)	
(Escament Number)	
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COVER LETTER

TO:	Registration Se Division of Cor		x	
•			ST.	
SUBJE		cial Services LLC		
Shear		Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ondence concerning this matter	o the following:	
		Lee Pershan		
			Name of Person	
		Law Offices of Lee Pershar	P.C.	
			Firm/Company	
		143 Avenue B - Suite 4B		~
			Address	2 A
		New York, New York 1000	9	22 AUG 19
			City/State and Zip Code	0
		lpershan@leepershanlaw.com	n	P# 1247
		E-mail address: (t	o be used for future annual report notification)	1947
For fur	ther information c	concerning this matter, please ca	II:	5
Lee Per	rshan		917 750-2759 at ()	
	Name o	of Person	Area Code Daytime Telephone	Number
Enclose	ed is a check for t	he following amount:		
	5.00 Filing Fee	□ \$30.00 Filing Fee &	▼\$55.00 Filing Fee & □ \$6	50.00 Filing Fee.
<u> </u>	5.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address	<u>ss:</u>	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

Eran Financial Services LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on May 9, 2007	and assigned
Florida document number L07000049615	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
Eran Industrial LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L,L,C,"
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	\$2.
		JUS SA
		19 gg,
Enter new mailing address, if applicable:		
•		<u> </u>
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		<u> </u>
B. If amending the registered agent and/or registagent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		name of the new registered
	Florie	ia
-	Cuty	laZip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this cha	nd complete performance of my duties, and t ed agent as provided for in Chapter 605, F.S stered office address. I hereby confirm that t	I am familiar with and 5. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			
			22 AUG 19 CHE (PECCIO) CHAPTER 7
			□Change (3.3)
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

		
 		
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Note: If the date inserted in this	ust be specific and cannot be prior to date of filing or more than 90 days block does not meet the applicable statutory filing requirements Department of State's records.	this date will not be listed
cord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier o	f: (b) The 90th day after th
Dated	2022	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00