

L10000077320

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(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
2010 AUG 20 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 23 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ER Trailers, LLC
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:

Eric Amkhinich

Name of Person

ER Trailers, LLC

Firm/Company

P. O. Box 608609

Address

Orlando, FL 32810

City/State and Zip Code

orlandotrailers@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Amkhinich

Name of Person

at (404)

862-7785

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

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**

FILED

2010 AUG 20 PM 4:12

ER Trailers, LLC

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

TANY C. STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/2010 and assigned
Florida document number 300183465743 L10000077320

This amendment is submitted to amend the following:

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

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:

4732 Walden Cir. #1223

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32811

Enter new mailing address, if applicable:

P. O. Box 608609

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32810

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:

Eric Amkhinich

New Registered Office Address:

4732 Walden Cir. #1223

Enter Florida street address

Orlando

Florida

32811

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Rick Spencer	14045 DEEP LAKE DRIVE ORLANDO, FL 32826	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Signature of a member or authorized representative of a member

Eric Amikhinich
Eric Amikhinich
Typed or printed name of signer

FILED
2010 AUG 20 PM 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA