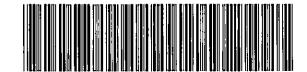
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE JUL 22 MM





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2022 JUL 21 AM 9:

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ERIC'S LAND MANAGMENT L	LLC	
		Am after 17th
		Art of Inc. File
	[ -	LTD Partnership File
		Foreign Corp. File L.C. File
	-	Fictitious Name File
	-	Trade/Service Mark
	ļ —	Merger File
	-	Art. of Amend. File  RA Resignation
	_	Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
	ļ <u> </u>	Photo Copy
	-	Certificate of Good Standing
	_	Certificate of Status
	_	Certificate of Fictitious Name
	_	Corp Record Search
	-	Officer Search
	_	Fictitious Search
		Fictitious Owner Search
Signature	-	Vehicle Search
		Driving Record
Requested by: SETH 07/20/22	-	UCC 1 or 3 File
07/20/22	_ <del></del>   <sup>_</sup>	UCC 11 Search
Name Date	Time	UCC 11 Retrieval
Walk-In Will Pick U	JP	Courier

## **COVER LETTER**

	gistration Se vision of Cor					
cup incr	-	ND MANAGEMENT LLC				
SUBJECT: Name of Limi			ited Liability Company		· · · · · · · · · · · · · · · · · · ·	
The enclose	ed Articles of .	DMANAGEMENT LLC  Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  tence concerning this matter to the following:  CYNTHIA L MADDEN  Name of Person  ROBERT J WELLEN JR PA  Firm/Company  1323 N PARSONS AVE  Address  BRANDON FL 33510  City/State and Zip Code cdaviselm@yahoo.com  B-mail address: (to be used for future annual report notification)  secrning this matter, please call:  Area Code  Person  Area Code  Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address:  Registration Section  Division of Corporations The Centre of Tallahassee				
Please retu	m all correspo	ndence concerning this matter	to the following:			
		CYNTHIA L MADDEN				
			Name of Person			
		ROBERT J WELLEN JR I	PA			
			Firm/Company			
		1323 N PARSONS AVE				
			Address		<del></del>	
		BRANDON FL 33510				
		·	City/State and Zip Cod	c	<del></del>	
For further	information c			al report notific	ation)	
CYNTHIA	L MADDEN	i e		43-2904		
	Name o	f Person		Daytime "	Telephone Number	
Enclosed is	s a check for th	ne following amount:				
\$25.00	Filing Fec		Certified Copy		Certificate of Status & Certified Copy	
	lailing Addres				ion	
	egistration ( division of C	Section Corporations		<del></del>		
P	.O. Box 632	27	The C	Centre of Ta	llahassee	
T	allahassee,	FL 32314	2415	N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

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

### ERIC'S LAND MANAGEMENT LLC

ТО		
ARTICLES OF OR	GANIZATION	也么
OF		
ERIC'S LAND MANAGEMENT LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as It now appears on our records.) offity Company)	and assigned
The Articles of Organization for this Limited Liability Company we	ere filed on 12/13/2010	and assigned
Florida document number L10000127222		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Common With decimation HI I C' ou	the abbreviation "L. (. C."
the new name must be distinguishable and comain me words. Elimited Elability	Company, the designation LLC of	the appreviation E.E.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, <u>enter the</u>	name of the new registered
		•
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	•
	, Florid	<b>a</b> .
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	COURTNEY J DAVIS	3639 SUMNER RD	<b>≅</b> Add
		DOVER FL 33527	□Remove
			Change
			□ Add
			Remove
			Change
			□Add
	•		□Remove
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ective date, if other than the neffective date is listed, the date muster. If the date inserted in this blocument's effective date on the December 2.	be specific and cannot book does not meet the	applicable statutory f	r more than 90 days afte	onal) r filing.) Pursuant to 60: is date will not be list	5.0201 icd as
ecord specifies a delayed effective s filed.	e date, but not an effec	tive time, at 12:01 a.	m, on the earlier of: (	o) The 90th day afte	r the
JULY 20	2022				
ÉI L	,	· · · · · · · · · · · · · · · · · · ·			
	Signature of a member o				

Filing Fee: \$25.00