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SECOND LARGE FOR STATE

J. BRYAN

AUG 27 2012

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ERGE FOOTWEAR & 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:
Amando Doda Name of Person
ERGE FOOTWEAR 8 LLC Firm/Company  2247 NW 17th Avenue
2247 NW 17th Avenue
Miani-, Florida 33142
E-mail address: (to be used for faure annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

ERGE FOO	TWEAR	8 LLC		
(Name of the Limited (A	Liability Company as it now a Florida Limited Liability Comp	any)	<u>.</u> )	
The Articles of Organization for this Limited Li Florida document number	ability Company were filed o	n 08/16/20	212 and assigned	
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	the limited liability compar	ny here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability (	Company," the designati	on "LLC" or the abbreviation	
Enter new principal offices address, if applica	able:		整量工	
(Principal office address MUST BE A STREET ADDRESS)			7.17 6 -	
Enter new mailing address, if applicable:			GRAND ST. TO	
(Mailing address MAY BE A POST OFFICE BOX)			5	
B. If amending the registered agent and/or registered agent and/or the new registered of		on our records, en	ter the name of the new	
Name of New Registered Agent:	Roberto	Leon		
New Registered Office Address:	-	, זי ניינ		
		Enter Florida street address		
	City	, Florid	aZip Code	
	C.i.y		Zip Couc	

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** <u>Name</u> <u>Address</u> Type of Action Eladio Castellano 2247 NW 17th Avenue Roberto Leon 2247 NW 17th Avenue Remove Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00