

L120000118649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JAN 30 AM 9:30

FILED

J. SAULSBERRY  
EXAMINER

JAN 31 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **ERG Processing 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:

**Nick Carroll**

Name of Person

**Claris Processing**

Firm/Company

**209 S. Howard Avenue**

Address

**Tampa, FL 33606**

City/State and Zip Code

**mholley@clarislaw.com**

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

For further information concerning this matter, please call:

**Nick Carroll**

Name of Person

at ( **813** ) **225-1313**

Area Code & Daytime Telephone Number

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TALLAHASSEE  
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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**

**ERG Processing LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 9-14-12 and assigned  
Florida document number L12000118649.

This amendment is submitted to amend the following:

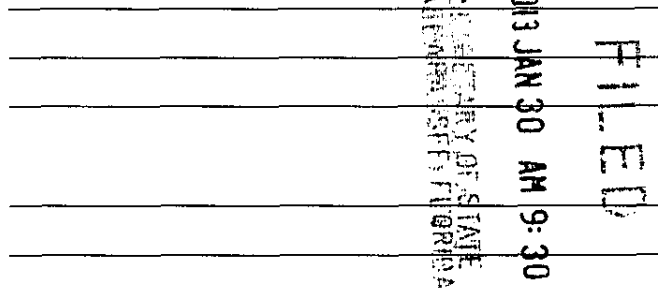
**A. If amending name, enter the new name of the limited liability company here:**

Claris Processing LLC

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:**

(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 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

**MGR = Manager**  
**MGRM = Managing Member**

Page 2 of 3

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

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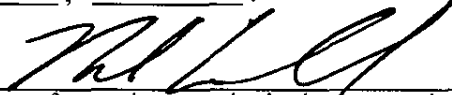
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Dated

January 25, 2013



Signature of a member or authorized representative of a member

Nicholas J. Carroll

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2013 JAN 30 AM 9:30

FILED