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Certified Copies	Certificates of	Status
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PECRETARY OF STATE

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COVER LETTER

Division of Co	rporations
PPRSAMI SUBJECT:	ERICA, LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspondent	ondence concerning this matter to the following:
	Steven G Wittholt
	Name of Person
	PPRSAMERICA, LLC
	Firm/Company
	3508 Silver Thorn Ct.,
	Address
	Oviedo, FL 32766
	City/State and Zip Code
	Steve@pprsAmerica.com
	E-mail address: (to be used for future annual report notification)
For further information (concerning this matter, please call:
Steven G Witthoft	407 925-8574 at ()
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

FFRSAMERICA, LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on and assigned
lorida document number	
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:
he new name must be distinguishable and contain the words "Limited Liabilit	ry Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4.3
Principal office address MUST BE A STREET ADDRESS)	With the second
	0123 BV 0125 CT
2.4	
Enter new mailing address, if applicable:	
<u>Mailing address MAY BE A POST OFFICE BOX)</u>	LOZIII LATS
	8 m
3. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

or removed from our records:

MGR = Manager ... AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joe Samillano	3505 Silver Thorn Ct.,	■ Add
		Oviedo FL 32766	
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
			SET O D COVE
			ORI Change

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Typed or printed name of signee	Steven G Witt	tholt			(2) 2	
			Typed or printed name	of signee	T	П
Page 3 of 3 ≘≒ =			Page 3 of 3			

Filing Fee: \$25.00