# #13000060805

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

CHID IECT

ERDAX, 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Danilo Jimenez

305 932-6262

Name of Person

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

13 AUG 23 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ERDAX, 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 v. Florida document number L13000060805	were filed on <u>04/25/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LI	.C" or the abbreviation
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 here.		e name of the new
Name of New Registered Agent:		
New Registered Office Address:		, p. 11881. E. 1889. 4
	Enter Florida street address	
	, Florida City Zip Code	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	Name	Address	Type of Action
MGR	SCHENKELMAN, ERIK	2875 NE 191st Street, Suite 801	Add
		Aventura, FL 33180	Remove
MGR	COSTA, GLORIA	2875 NE 191st Street, Suite 801	_ 📝 Add
		Aventura, FL 33180	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Rei

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)
Dated	July 23rd
	E. Selling .
	Signature of a member or authorized representative of a member
	Eric Schenkelman
	Typed or printed name of signor
	Page 3 of 3

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