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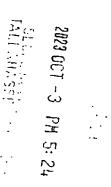
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## COVER LETTER

TO:	Registratio Division of	n Section Corporations
		ER ACQUISITIONS, LLC
SUBJE	CI:	Name of Limited Liability Company
		s of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following:
i rease i	ciam an con	BJ Cottrell
		Name of Person
		Cottrell Tax & Accounting, LLC
		Firm/Company
		5147 Castello Drive
		Address
		Naples, FL 34103
		City/State and Zip Code
		admin@cottrelltax.com
		E-mail address: (to be used for future annual report notification)
For furt	ther informat	ion concerning this matter, please call:
BJ Cot	trell	239 449-4881 at ()
	Na	ame of Person Area Code Daytime Telephone Number
Enclose	ed is a check	for the following amount:
<b>■</b> \$25	5.00 Filing Fo	ce ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAHLING 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**

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annay Company)		
were filed on June 11, 2013	and assig	gned
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ty Company," the designation "LLC" of	or the abbreviation "L.l.	C."
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		<del></del>
Enter Florida street address		
Flase	ida	
City , FIOT	Zip Code	
<u>i</u>	ity company here:  y Company," the designation "LLC" of the company of of the compan	y Company," the designation "LLC" or the abbreviation "L.L.    The company here:   The

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>	Address	Type of Action
MGR	Mark V Borelli	3084 Tamiami Trail N	Add
<del></del>		Naples FL 34103	■ Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not n	ieet the applica	ible statutory	or more than 90 filing requiren	(option days after finents, this o	i <b>al)</b> ling.) Purst late will π	unt to 60: tot be list	5.0201 ted as
e record specifies a delayed The 90th day after the reco	effective d and is filed.	late, but no	t an effecti	ve time, at	12:01 a.	m. on tł	ne earli	ier o
September 27th		2023						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00