114000102610

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|--|---|---|-----------------|
| | UP HOLDINGS, LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | ELADIO RODRIGUEZ C | RESPO | | |
| | | Name of Person | | |
| | ERC GROUP HOLDING | S. LLC | | |
| | | Firm/Company | | ~a ≟ |
| | 8479 NW 74TH ST | | | |
| | | Address | |) ;) ; |
| | MIAMI FL 33166 | | | |
| | | City/State and Zip Code | | لسه السياد |
| | | .o | | |
| | E-mail address: (| to be used for future annual report noti | fication) | |
| For further information of | concerning this matter, please c | all: | | |
| ELADIO RODRIGUEZ | CRESPO | 786 469-1069 at () | | |
| Name (| of Person | | e Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate of Certified Co (additional cop | of Status & opy |
| | | | | |

MAILING ADDRESS:

TO:

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

| lity Company as it now appears on our records.) la Limited Liability Company) |
|---|
| Company were filed on 06/26/2014 and assigned and assigned |
| |
| nited liability company here: |
| . 1 |
| mited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
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| istered office address on our records, <u>enter the name of th</u> dress here: |
| |
| Enter Florida street address |
| |
| , Florida |
| |

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 **Type of Action Title** Name **Address** □ Add ☐ Remove ☐ Change □ Add] <u>≠</u>□ Remove _□ Change \Box ^¹ □ Remove ☐ Change _□ Add _□ Remove _ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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| fective date, if other than the date of filing: neffective date is listed, the date must be specific and cannot be provided to the date of the | rior to date of fili | ing or more than 90 | _ (optional) lays after tiling.) | Pursuant to 605.0 |
| ote: If the date inserted in this block does not meet the approximent's effective date on the Department of State's record | olicable statuto rds. | ry filing requirem | ents, this date v | viii not be listed |
| | | | | |
| record specifies a delayed effective date, but The 90th day after the record is filed. | not an effec | tive time, at 1 | 2:01 a.m. (| on the earlier |
| , OCTOBER II 2018 | | | | |
| ted Colobbia. | · | | | |
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Page 3 of 3

Filing Fee: \$25.00