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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PIERO SALUSSOLIA CORPORATE MANAGEMENT INC.
Account Number : I20150000007
Phone : (305)373-7016
Fax Number : (305)373-7017

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: monica@pscmusa.com

RECEIVED
15 JAN 30 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ERICSOFT LLC

Certificate of Status	0
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Page Count	01
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 02 2015

S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERICSOFT 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:

MONICA TIRADO
Name of Person

PEIRO SALUSSOLIA CORPORATE MANAGEMENT INC
Firm/Company

1410 20TH STREET #214
Address

MIAMI BEACH FL 33139
City/State and Zip Code

MONICA@PSCMUSA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA TIRADO at (305) 3737016
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)

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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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	BIANCHI STEFANO		☐ Add
			■ Remove
AMBR	ROSSI STEFANO		■ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 29, 2015.

Signature of a member or authorized representative of a member

MONICA TIRADO

Typed or printed name of signee

Filing Fee: $25.00

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