45000 10442

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	





000275043490

07/16/15--01008--023 **25.00

JUL 1 7 2015 S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo						
SUBJECT:	ERATI Name of Limi	B A H L	_LC			
The enclosed Articles of Ar	mendment and fcc(s) are subr	mitted for filing.				
Please return all correspond	lence concerning this matter t	to the following:				
		Name of Person	stini			
	ERALIL	Firm/Company				
		Espamola Address	DR.			•
	Miami	City/State and Zip Code OStini @ hot- be used for future annual re	331	33	ं स	
	marcello ac	ostini @ hotr	mail. c	om)	Carrier Carrier	
For further information con	cerning this matter, please ca				15 H 2	
Marcof P	ello Acostin	i at (305) Area Code	300 Daytime Tel	8003 ephone Number		i
Enclosed is a check for the	following amount:					
A \$25.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Certified (e of Status &	

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

TO **ARTICLES OF ORGANIZATION OF**

ERAT	TBAH, LLC		
(Name of the Limited Liability Compa (Λ Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	were filed on O6/15/2015 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<u> </u>		
	1000年10日 100		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	ffice address on our records, enter the name of the new		
registered agent and/or the new registered office address here	<u>e:</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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 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
MGR	LUZ MARIA GUTIERRE	7 1709 Espanola de, Hiami	331 ³³ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
		-1	☐ Remove
			Change
		<u> </u>	— Rada III
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Remove
			Change

•		
•	•	
,		
,		*
•		
,		
,		
,		
•		
,		
,		 .
		
•		
. Effect	tive date, if other than the date of filing: (optional)	
(If an ef Note:	Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Prior to date inserted in this block does not meet the applicable statutory filing requirements, this date wi	ursuant to 605.0207 (3)(b
docun	ment's effective date on the Department of State's records.	ii not be fisted as the
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of:
o) The	e 90th day after the record is filed.	·''
	1.	
Dated	$\frac{07/14}{\sqrt{14}}, \frac{2015}{\sqrt{11}}$	A more
		5 5
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Signature of a member or authorized representative of a member	
	Marcello Acostini	100
	Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00