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MAR 0 8 2016

S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	CT: <u>ERA</u>	Renovations LL Name of Limi	ted Liability Company		
		Amendment and fee(s) are sub	_		
Please 1	return all correspo	indence concerning this matter t	to the following:		
		Jonathan	Ander 60 n Name of Person		SECRETAR SEE FLORIBI
			Firm/Company		1 P SEE
		525 N. 6+01	ne 5t. Address		HASSEE, FLORIDA
			City/State and Zip Code 20791 @ Gmail. Com o be used for future annual report notific	<u> </u>	
		E-mail address: (t	o be used for future annual report notific	cation)	
For furt	her information c	oncerning this matter, please ca	11:		
Jo	nathan /		at (3%6) 215 Area Code Daytime	- O9 4 4 Telephone Number	
Englose	nd is a check for th	ne following amount:			
/	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fed Certificate of St Certified Copy (additional copy is of	atus &
		ING ADDRESS:	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

110

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 5000 155 679</u> .	
This amendment is submitted to amend the following:	L 1124
A. If amending name, enter the new name of the limited lia	ibility company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	525 N. Stone St. 5 PER
(Principal office address MUST BE A STREET ADDRESS)	Deland, FL 32720 = 200
Enter new mailing address, if applicable:	525 N. Stone St. = 195
(Mailing address MAY BE A POST OFFICE BOX)	525 N. Stone St. = 55 Deland, FL 32720 -
	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	<u>ere</u> :
Name of New Registered Agent: Jona	than Anderson
New Registered Office Address: 525	N. Stone St.
	Enter Florida street address
Dela	1 , Florida 32 720
No a Product of Association (Control of Control of Cont	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	it;

FDA

Reports tions

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>	<u>Address</u>	Type of Action
Own	Eric Engel	8617 Amber Oak C+	
		Orlando, FL 32817	Remove
			□ Change
			□ Add
			□ Remove
			SECRE TARY APAdd
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date. Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not ar The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earl	lier of
Dated March 2, 2016.		
Dated March 2, 2016.		
While www	d representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00