LICOLOGASS

(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:					

Office Use Only



600280625236

01/26/16--01014--017 **25.00

2016 JAN 26 P 12: 58
SECRETARY OF STATE
ALLAHASSEE FLOBINA

JAN 27 2016 BRUCE

COVER LETTER

TO: Registration Se Division of Cor				
ERAS Disg				
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	Euselandia R. Alcantara			
	 	Name of Person		
	ERAS Disgraf LLC			
		Firm/Company	<u> </u>	
	3350 SW 148th Avenue, St	uite 110		
		Address		
	Miramar, FL 33027			
		City/State and Zip Code		
	euse_alc@hotmail.com			20=
	E-mail address: (t	o be used for future annual report notifica	ation)	<u> </u>
For further information of	oncerning this matter, please ca	ıll:	ASS	2016 JAN 26
Euselandia Alcantara		754 208-8061	<u>ज्</u> यात १५६० हिंदी	ַ"ס <u>ריין</u>
Name o	f Person	Area Code Daytime T	elephone Numbers	12: 58
Enclosed is a check for the	ne 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 F Certificate of S Certified Copy (additional copy is	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

ERAS Disgraf, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/13/2016}{}$ and assigned L16000009288 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 5 Florida S

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kenndy Alcantara		□ Add
		3350 SW 148th Avenue, Suite 110,	
			□ Change
MGR	Jose R. Bido		□ Add
	•	3350 SW 148th Avenue, Suite 110,	
			Change
			□ Remove
			Change
			DAdd
			SST 23
			DAAdd Co
			Remove
			Change
			Add
			□ Remove
			□ Change

		
•		
,		
<u></u>		
		7 SE 2018
		五世 星 二
		SSE 225
		Fig. D
		型台 5
		<u></u>
		•
		
Effective date, if other than the d	ate of filing: be specific and cannot be prior to date of filing or m	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (3)(
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing	g requirements, this date will not be listed as the
he record specifies a delayed The 90th day after the reco		ime, at 12:01 a.m. on the earlier of:
January 22	2016	
Dated	June for	_
	ignature of a member or authorized representative	of a member
S	ignate of a memory of authorized typicschadive	or a monton
Euselandia R. Alcantara		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00