L16000009837

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	ision of Corp		7		
SUBJECT:		RTY PRESERVATION, LLC	:	4	
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		ERIC INGRAM			
			Name of Person		
		N/A			
			Firm/Company		
		3102 EAST EMMA ST.			
			Address		
		TAMPA, FL 33610			
			City/State and Zip Code		
		eripreservation@gmail.com	to be used for future annual report notific	notion)	
For further in	formation co	ncerning this matter, please ca	·	cation)	
ERIC INGRA	AM		813 704-1969 at ()		
	Name of	Person		Telephone Number	_
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERI PROPERTY PRESERVATION	I, LLC				
(Name of the Limite	d Liability Compa A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Lia Florida document number L16000009837	ability Company	were filed on 01/14/2016 and assigned	ed .		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
N/A					
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C.	19		
Enter new principal offices address, if applica	ıble:	3102 EAST EMMA ST.			
(Principal office address MUST BE A STREE)	T ADDRESS)	TAMPA, FL 33610			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3102 EAST EMMA ST.			
		TAMPA, FL 33610			
B. If amending the registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:		MMA ST.	E. S.		
		Enter Florida street address	•		

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

TAMPA

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>	Name	<u>Address</u>	Type of Action
AMBR	DERRICK L INGRAM	3102 EAST EMMA ST.	
		TAMPA, FL 33610	■ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			GAS AGO
			Rêmove
			□ Add
			□ Remove
			Change
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			☐ Change

N/A			
			
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	N/A		
tive date, if other than the ffective date is listed, the date mus	date of filing:	ling or more than 90 days after filing.) Pursu	ant to 60
If the date inserted in this bloment's effective date on the Do	ock does not meet the applicable statute	ory filing requirements, this date will n	ot be lis
ment's effective date on the De	spartment of State's records.		
ecord specifies a delayed	d effective date, but not an effe	ective time, at 12:01 a.m. on th	ne earl
e 90th day after the rec			
d FEBRUARY 18	2016		
d	·		
	Signature of a member or authorized repres		

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Typed or printed name of signee

Filing Fee: \$25.00