

L16000032582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

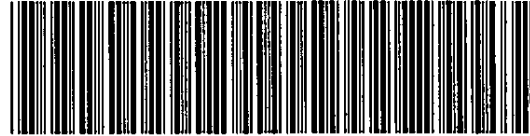
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: E.R Custom Creation Limited Liability Company
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:

Erin Leone

Name of Person

E.R Custom Creation

Firm/Company

4124 Leaf Rd.

Address

Sebring, FL 33875

City/State and Zip Code

ercustomcreations@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIN Leone

Name of Person

at (863) 813-4291

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)

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

E.R. Custom Creation Limited Liability Company.
(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 February 5, 2016. and assigned Florida document number L16000032582.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

E.R. Custom Creations Limited Liability Company.
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

ERIN LEONE.

New Registered Office Address:

4124 Leaf Rd.

Enter Florida street address

Sebring

City

, Florida

33875

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

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

Title Name Address Type of Action

MGR ERIN Leone 4124 Lea F Rd Sebring, FL 33875 Add

Remove

Change

AMBR Ryan Feickert _____ Add

Remove

4404 Westminster Rd Sebring, FL 33875 Change

Add

Remove

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 2016 APR 18 PM 8:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

