L17000122851

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



300302151613

08/07/17--01029--026 **25.00

17 AUG -7 AH II: 49

AUG 0 8 2017 Y SULKER

COVER LETTER

	N C12 2 17 1 17 1 17 1 17 1 17 1 17 1 17
	Name of Limited Liability Company
closed Articles of	Amendment and fee(s) are submitted for filing.
return all correspo	ondence concerning this matter to the following:
	EliWAR DE CARVA 1 HO Name of Person
	Name of Person
	ERC CONSULTING, INC
	Firm/Company
	4699 N FEDERAL HWY. SuitE 102 E
	POMPANO BEACH, FL - 33064 City/State and Zip Code eliward eomearst : wet E-mail address: (to be used for future annual report notification)
	oncerning this matter, please call:
ther information e	
	FPerson at (954) 543 0 344 Area Code Daytime Telephone Number
Li Wang Name o	f Person at (954) 543 0 344 Area Code Daytime Telephone Number me following amount:

MAILING ADDRESS:

Registration Section

ΓO:

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**

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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: N A	(Name of the Limite	ed Liability Comp	oany as it now appears on	our records.)			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:		(A Florida Limited	Liability Company)				
A. If amending name, enter the new name of the limited liability company here: N N		ability Compan	y were filed on <u>06/05/</u>	2017	an	ıd assi;	gned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Inter new principal offices address, if applicable: N A	samendment is submitted to amend the follo	owing:					
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Inter new principal offices address, if applicable: N A	If amending name, enter the new name of	f the limited lial	bility company here:				
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Inter 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 new registered Agent: NAME OF New Registered Agent: NAME OF New Registered Agent: NAME OF New Registered Office Address: Enter Florida street address Florida	b .						
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 native of registered agent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: Name of New Registered Office Address: Name of New Registered Office Address: Finter Florida street address Finter Florida -	new name must be distinguishable and contain the w	ords "Limited Liab	oility Company," the design	nation "LLC" or the	e abbreviatio	on "L.1.	C."
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter-the name of registered agent and/or the new registered office address here: NAME OF New Registered Agent: NAME OF New Registered Office Address: NAME OF New Registered Office Address: NAME NAME	er new principal offices address, if applica	able:	NIA				
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter-the name of registered agent and/or the new registered office address here: NAME OF New Registered Agent: NEW Registered Office Address: NAME NAME	ncipal office address MUST BE A STREE	T ADDRESS)					
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter-the name of registered agent and/or the new registered office address here: NAME OF New Registered Agent: NEW Registered Office Address: NAME NAME							
B. If amending the registered agent and/or registered office address on our records, enter-the name of registered agent and/or the new registered office address here: Name of New Registered Agent: N A	er new mailing address, if applicable:		NA		SYLEY	7 AUG	
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: N A	iling address MAY BE A POST OFFICE I	BOX)			<u> </u>	<u>~</u>	<u>;</u>
Name of New Registered Agent: New Registered Office Address: N A New Registered Office Address: Enter Florida street address Florida			<u></u> .			<u> </u>	177
Name of New Registered Agent: New Registered Office Address: N A New Registered Office Address: Enter Florida street address Florida					Ο Σ	-	\bigcirc
Name of New Registered Agent: New Registered Office Address: N A				r records, <u>ent</u>	er-the na	ine c	of the n
New Registered Office Address: N A	stered agent and/or the new registered of	nce address ne	<u>1 C</u> :				
Enter Florida street address, Florida	Name of New Registered Agent:	NA					
Enter Florida street address, Florida	New Registered Office Address:	NIA					
	rew registered office reduces.	<u> </u>	Enter Florida s	street address			
				Florida			
Sily Eq. Claic			City	,	Zip (Code	
New Registered Agent's Signature, if changing Registered Agent:	Registered Agent's Signature, if changing R	Registered Agent	<u>t:</u>				
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply	reby accept the appointment as registered	d agent and ag	ree to act in this cape	acity. I further a	avree to a	compl	ly with t
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a			•	• •			•

If Changing Registered Agent, Signature of New Registered Agent

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.

f 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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DIEGO MOTA	748 NW 47 STREET	
		POMPANO BEACH, FL 33064	□ Remove
			Change
			DAdd
			□ Remove
			☐ Change
			□ Add
			17 D Remove
			Trans Change
			A CONTROL OF THE CONT
			☐ Remove
			Change
_			
			□ Remove
<i>,</i>			Change
_			
			☐ Remove
			☐ Change

		<u> </u>
		
		<u>}</u> .
_		7
		
		SSS
		The state of
_		
ective		(optional) G
	ve date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 da he date inserted in this block does not meet the applicable statutory filing requiremen	
	's effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an/effective time, at 12	2:01 a.m. on the earlier
he 9	Oth day after the record is filed.	
	Ath 1 misself 2012/	
ed	1th of Avoust 2017!	
	——————————————————————————————————————	
	, · · · · · · · · · · · · · · · · · · ·	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00