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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ER INNOVATIONS LC  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:
Edgar Damian Rosano Martinez
ER Innovations LLC
7886 Elwood Dr. Address
Lake Worth FL 33-167 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edgar D. Rosano Martines at (954) 1039-3440  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$ \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. 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

ER IVI (Name of the Limited	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number	iability Company were filed on <u>09 14 2017</u> and assigned <u>1818</u> .
This amendment is submitted to amend the follow	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	rords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREET	T ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	BON)
B. If amending the registered agent and/o registered agent and/or the new registered offi	or registered office address on our records, <u>enter the name of the new</u> fice address here:
Name of New Registered Agent:	Edgar Damian Rosano Martinez
New Registered Office Address:	7886 Elwood DY Enter Florida street address
	Luke Worth Florida 33467 City 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mbr	LUZ E. Toledo Merlot	7886 Elwood Dr	Add
		7886 Elwood Dr Lake Worth, FL 33467	Remove
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Filing Fee: \$25.00