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COVER LETTER

	ERHB SOL	ULIONS LLC							
The enclo.	·								
		Name of Limited Liability Company							
Please retu	sed Articles of a	Amendment and fee(s) are sub	omitted for filing.						
	irn all correspo	ndence concerning this matter	to the following:						
		Emmanuella Nerelus							
Name of Person									
Firm/Company									
4589 Purdue Dr									
			Address						
Boynton Beach, FL 33436									
City/State and Zip Code									
	emmabnerelusagent@gmail.com								
		E-mail address; ()	to be used for future annual report not	ification)					
For further	information co	incerning this matter, please ea	all:						
Emmanuel			561 3151227 at()						
	Name of	Person	Area Code Daytin	ne Telephone Number					
Enclosed is	a check for the	e following amount:							
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERHB SOLULIONS 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 01/02/2018 and assigned Florida document number L18000000851 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ERHB SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 _, Florida ___ Cin

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

Effective date if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated ANUARY 2nd 2024 Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member	Dated _	ANUARY 2nd . 2024
Signature of a member or authorized representative of a member		UNITA

Filing Fee: \$25.00

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
			
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
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