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D. SCOTT DEC 1 0 2018

## **COVER LETTER**

то:	Registration Section Division of Corporations				
SUBJE	CT:Erace	imited Liabili	HAHC ty Company	<u>uc</u>	
	losed Articles of Amendment and fee(s) are so				
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For fur	E-mail address her information concerning this matter, please		for induce annual repor	nonincanon)	
	Lyndon Gray Name of Person	at		05-9802 aytime Telephone Number	
	Indicate of Status	Ce	i,00 Filing Fee & entified Copy Iditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose)	
	MAILING ADDRESS: Registration Section		STREET/CO Registration S	PURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Erace The Hat	e IIC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>41800096907</u> .	ny were filed on 04/17/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility 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 registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agen	City Zip Code
New Registered Agent's Signature, it changing Registered Agen	Ц,

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

unending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
<u>CMO</u>	LANGSTON GRAT		Œ Add
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