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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRAMILEX LLC Account Number : 120150000086

Phone Fax Number

: (786)469-9163 : (305)848-3716

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Proceed 1	Address:	
	ALLLI CAA.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A&C ERP ASESORES LLC

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COVER LETTER

Division of Co				
	ASESORES LLC			•
SUBJECT:	Name of Lim	ited Liability Company	 	•
The enclosed Articles of	Amendment and fee(s) are sub	witted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	YENESY O CONTRERA	S		
		Name of Person		20
	A&C ERP ASESORES LI	c		. 61(
•		Firm/Company		2019 JUN - 1
	13427 FAIRWAY GLEN	DR APT 102		
		Address		
	ORLANDO, FL 32824			AM 11: 30
		City/State and Zip Code		0
	E-mail address: (to be used for future annual report notifi	ration)	
For further information of	concerning this matter, please or	all:		
YENESY O CONTRE	RAS	305 766-7851 at ()		
Name o	of Person		Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified Co	of Status &
	JNG ADDRESS: ration Section	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&C ERP ASESORES LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
es of Organization for this Limited Liability Company were filed on 07/12/2018	and a
ument number £18000168911	

The Articles of Organization for this Limited Liability Company Florida document number <u>L18000168911</u>	were filed on 07/12/2018	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
N/A			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	vistion "L.L.C."	
Enter new principal offices address, if applicable:	13427 FAIRWAY GLEN DR APT 102		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32824		
Enter new mailing address, if applicable:	13427 FAIRWAY GLEN DR APT 102	2019	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32824	 	
The state of the s			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the ac	
Name of New Registered Agent: TRAMILEX L	ıc		

8660 W FLAGLER ST STE 207 New Registered Office Address:

Enter Florida street address

MIAMI

, Florida ³³¹⁴⁴ 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.

nt. Signature of New Registered Agent

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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
MGR	A&C ERP Ascsores S.A	5040 NW 7TH ST STE 705	
		Miami, Fl 33126	Remove
			Change
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		 	2019 JU
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APPROVEL

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NA
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3. 00 4	NA NA
fan efi <u>Note:</u>	(optional) (excive date, if other than the date of filing: (excive 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed acut's effective date on the Department of State's records.
ie re c The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 90th day after the record is filed.
Dated	June 6th 2019
ZIII OCI	Signature of a member or authorized representative of a member
	Signature of a memoer of authorized representative of a memoer
	YENESY O CONTRERAS

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Filing Fee: \$25.00

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