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(Re	equestor's Name)	
(Ad	ldress)	
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## **COVER LETTER**

TO: Registration S Division of Co				•	
ERA HO	ME INVESTMENT LLC				
SUBJECT:	Name of Lin	nited Liability Company			
	of Amendment and fee(s) are sub condence concerning this matter	· ·			
	MARIA ORTEGA			20° S1°	
		Name of Person		22 O	المندع
	ERA HOME INVESTME	NT LLC		2022 OCT 11 SECRETAR TALLAR	7
		Firm/Company		- 뜻의 -	
	1825 NW 131ST STREET	r		AM IO: 25 Y of State assist Fl	-
	<del></del>	Address		구절 2	
	MIAMI, FLORIDA 33167	7		IM OI	
		City/State and Zip Code		_	
	LUPITA_ORTEGA505@F	IOTMAIL.COM			
	E-mail address: (	(to be used for future annual report noti)	fication)		
For further information	concerning this matter, please c	all:			
MARIA ORTEGA		786 499-5043			
Name	of Person		e Telephone Number	<u></u> -	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addre Registration	Section	Street Address: Registration Sec			
DIVISION	Corporations	Division of Corp	porations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERA HOME INVESTMENT LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our reco- imited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Cor Florida document number L18000252722	mpany were filed on 10/26/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
NA		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRE	:SS)	20Z SE
		7 00 CRE
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
		m On
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent: NA		
New Registered Office Address:		
	Enter Florida street addr	ess
	, .	Florida
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EDUARDO RAMOS-ORTEGA	454 NE 2ND AV. FT LAUDERDALE, FL 33301	<b>=</b> Add
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			□Change
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		TALLARIA	Remove
		ATTENDED TO	
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record s	pecifies a delayed effec	tive date, but no	t an effective tir	ne, at 12:01 a.m	on the earlier of:	: (b) The 90th	dav after th
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Filing Fee: \$25.00