L18000259582

(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC	Erroes LLC			
SOBJE		Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
		Sidney H. Shams		
			Name of Person	
		Shams Law Firm		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		529 Versailles Drive, Suite	205	
			Address	
		Maitland, Florida 32751		
			City/State and Zip Code	
		ktrochez@msn.com	to be used for future annual report notific	ation)
r c 1	!		•	ation;
		oncerning this matter, please ca		
Sidney H. Shams			407 671-3131 at ()	
	Name of	f Person	Area Code Daytime T	Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$ 25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>s:</u>	Street Address:	

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

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

Erroes, LLC		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited I Florida document number L18000259582	Liability Company were filed or	n and assigned
This amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS)		
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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
B. If amending the registered agent and/or	registered office address on o	NOV 28 PH 1: 3
Name of New Registered Agent:	Karla Trochez	·
New Registered Office Address:	7842 HOLIDAY ISLE DRIV	/E Apt D105
agent and/or the new registered office add	Enter	r Florida street address
	Belle Isle	, Florida 32812
	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
MGR	Karla P. Trochez	7842 HOLIDAY ISLE DRIVE Apt D105	= Add
		Belle Isle, FL 32812	□Remove
			DChange
			□Add
			□Remove
			🗆 Add
			□Remove
			□Add
			□Remove
			Петоче
			□Change
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n effective date is te: If the date i	listed, the date inserted in thi	is block does no	ind cannot be prior	able statutory			al) ng.) Pursuant to 605. ate will not be liste	
s filed.					a.m. on the car	rlier of: (b)	The 90th day after	the
	mhor	21st	2022			 -		
ed Nove			- ¹√ /}	_ '				
led <u>Nove</u>		Signature of	member or author	orized manager	atalive of a mem	her		
ted <u>Nove</u> — Kai		Signature of	member or author	orized represer	ntative of a mem	ber a tive o	Of Ernest Rosiu	0

Filing Fee: \$25.00

Filing # 159415391 E-Filed 10/17/2022 07:31:52 PM

IN THE NINTH JUDICIAL CIRCUIT COURT IN AND FOR ORANGE COUNTY, FLORIDA

IN RE: ESTATE OF ERNESTO ROSIAS, Deceased.

PROBATE DIVISION File No. 2022-CP-002876-O

LETTERS OF ADMINISTRATION (single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Ernesto Rosias, a resident of Orange County, Florida, died on June 6, 2022, owning assets in the State of Florida, and

WHEREAS, Karla P. Trochez has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Karla P. Trochez duly qualified under the laws of the State of Florida to act as personal representative of the estate of Ernesto Rosias, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on October 17, 2022.

Circuit Judge

I hereby certify that the above a rid foregoing is a true and correct copy of the instrument filed in this office and the same is in full force and effect. Confidential items have been recover

per Fia. R. Admin, 7-240. Witness my hand and official seal this (1) day of Tiffany M. Russell, Clerk of Circuit Court



. . .

If there are parties not receiving service through the Florida Courts e-filing Portal, counsel will serve a copy of the order via U.S. mail to the non-efiling parties and file a certificate of service in the court file no later than three days from the date of this order.

Electronic Service List

sid.shams@shamslawfirm.com