L18000 266792

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FILED Nov 26, 2018 08:00 AM Secretary of State



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COVER LETTER	. /	

TO:

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Registration Section

Division of Co	rporations		
SUBJECT:	eroneko : U	L	·
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JAMES	ON VICARS, CPA	
		Name of Person	
	JAMI	ESON VICARS & CO CPAs	2
	<u>-</u> -	Firm/Company	
	100 V	Vallace Ave, Suite 380	•
		Address	nr #
	Sara	asota, FL 34237	
		City/State and Zip Code	
		ccarthy@cpa-biz.com	
For further information of	concerning this matter, please c	to be used for future annual report notif	ication)
Frizzette Mc	Carthy	941 342-1900 e	xt 135
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fœ	☐ \$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:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
266! Executive Center Circle Tallahassee, FL 32301

FREE AMENDMENT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

OF Nov 26, 2018 08:00 AM **ERONEKO INC** Secretary of State (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 11-14-2018 The Articles of Organization for this Limited Liability Company were filed on and assigned L18000266792 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **ERONEKO 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) n/a Enter new mailing address, if applicable: n/a (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: n/a Name of New Registered Agent: n/a New Registered Office Address: Enter Florida street address 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>	Name	Address	Type of Action
	n/a		
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The 90th day after the record is filed.	• •	60 60
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Signature of a member or authorized representative of a member	-i- ¹	
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Page 3 of 3

Filing Fee: \$25.00