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Special Instructions to	Filing Officer:	

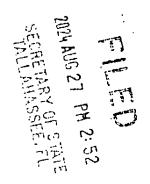
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COVER LETTER

TO: Registration Division of C			
SUBJECT:#	ERMA-NIA LLO Name of Lim	ited Liability Company	
		,,	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	REBECO	CA HERRMAI Name of Person	<u> </u>
	<u>HERMA</u>	-NJA LLC Firm/Company	
	<u>6504</u>	PIVERVIEW BL Address	2024 AUG 27 PH 2: 52 SECRETARY OF STATE SECRETARY O
	BRADER	170 N, FL 34209 City/State and Zip Code	TARY C
		erlot @ 5 mail. to be used for future aprilial report notif	com mo ?
For further informatio	n concerning this matter, please c	all:	LIE 2
REBECCA Nam	L HERRIMAN e of Person	at (941) 779 Area Code Daytime	- 4100 Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Pogistratio		Street Address:	etion

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

- ERMINIA LU	LC		
- ERMINIA LA (Name of the Limited Lia (A Flo	bility Company as it now appears orida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on		and assigned
This amendment is submitted to amend the following	ŗ.		
A. If amending name, enter the new name of the l	limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "	Limited Liability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			-51-02
(Principal office address MUST BE A STREET AD	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>		27 PH 2: 52
B. If amending the registered agent and/or registon agent and/or the new registered office address here.	ered office address on our r re:	ecords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	rida street address	
_		, 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 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
MCR	SOWERD - ERRORA	BEAR IN SIL THELLO	XAdd
			[Remove
			[::]Change
			□Remove
			Change
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			SECRETARY Change 2:5
			100 2: 100 2: 100 Add 2:
			Remove
			GChange
			□Remove
			Change
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			□Remove
			Ti Channa

II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	2024 AUG 27 TALLAR
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	Section 5:
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	- TH 2
Effect	ive date, if other than the date of filing: 7/6/27 (optional) Regive 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 605.0207 (3)
Note:	Rective 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 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	Avgvs 16 2024 Signature of a member or authorized representative of a member Rollon Herman Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Rebecca Herman

Filing Fee: \$25.00

COVER LETTER

O: Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
in more II m	20 20 11 1 .		
2BJEC1: <u>77</u> &	RMANIA LL Name of Lie	mted Liability Company	
		,,	
ne enclosed Articles of	f Amanda and E. J. A.	La transfer and	
	f Amendment and fee(s) are su		
ease return all corresp	ondence concerning this matte	r to the following:	
	REBEC	CH HERRINA!	√
		Name of Person	·
	HERMA	WIA LLC	
		Firm/Company	
	1500	RIVERVIEW BL.	_
	_ 6504 1	Address	SE SE
			TARR AN
	BRADER	JTON, FL 34209	2 7
	1. 1	City State and Zip Code	AND P
	E-mail address:	to be used for future approved report notifi	cation) SP 7
further information c	concerning this matter, please of	all:	SECRETARY OF STATE STALLAHAS SEE. FL
LEBECC A	HERIZ MAY	at (<u>941)</u> 779 Area Code Daytime	-4100
rvariic ()	a I Cron	Area Code Daytime	Telephone Number
:losed is a check for the	_	V	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee.
		(additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Sect	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	
		THE COMMON TO	HIMHUSSUL

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	mpany as it now appear	s on our re	cords.	
		,		
e Articles of Organization for this Limited Liability Comp	any were filed on		200	and assigned
orida document number				
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited	liability company he	ere:		
new name must be distinguishable and contain the words "Limited L	aability Company," the d	esignation '	'LLC" or the al	obreviation "L.L.C,"
ter new principal offices address, if applicable:	·			
incipal office address MUST BE A STREET ADDRESS	<u> </u>			%
	· -			超星 可
				高馬
ter new mailing address, if applicable:				黑色 27
ailing address MAY BE A POST OFFICE BOX)				500 P
				- E. C.
	,			75 03
If amending the registered agent and/or registered offi	ice address on our r	ecords, er	iter the nan	ie of the new registe
int and/or the new registered office address here:				
Name of New Registered Agent:				
Name Danis ground (1997) at Addisons				
New Registered Office Address:	Enter Flor	ada street aa	ldress	·
			19 23	
	City		, Florida	Zip Code
v Registered Agent's Signature, if changing Registered Age	ent:			

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the wisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability upony has been notified in writing of this change.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being address of each person b

GR = Manager MBR = Authorized Member

<u>tle</u> <u>Name</u> Address Type of Action 120 ETWIN - ERR TE

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