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(Re	equestor's Name)	
(Ac	ddress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor		٠.	
New Era C	Capital Investments LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sacks, Robert		
	_	Name of Person	
		Firm/Company	
	2000 Island Boulevard Ur	nit 2907	
	Aventura, Florida 33166	Address	
	rubysacks@gmail.com	City/State and Zip Code	-
	E-mail address: (to be used for future annual report not	ification)
For further information of Robert Sacks	concerning this matter, please co	all: 305 7253953	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Registration		<u>Street Address:</u> Registration Se	ection
Division of C P.O. Box 632	Corporations	Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Era Capital Investments LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	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:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Deborah Sarah Hediger	≥ 0. →
(Principal office address MUST BE A STREET ADDRESS)	2000 Island Boulevard Unit 2907	9 :
· · ·	Aventura Florida	
Enter new mailing address, if applicable:		3 4
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		(f)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the l</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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 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	Deborah Sarah Hediger	2000 Island Boulevard Unit 2907 Aventura Florida 33160	
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an effective date is listed, the date must be specific and cann lote: If the date inserted in this block does not meet to ocument's effective date on the Department of State's effective date and the Department of State's erecord specifies a delayed effective date,	ot be prior to date of fil ne applicable statute records.	ory filing requireme	ays after filing.) Pur ints, this date will	not be l	listed as
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Filing Fee: \$25.00