

L19 000241144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

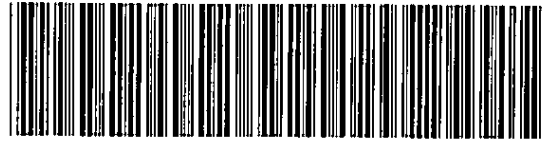
(Document Number)

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2020 AUG 14 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

GET 05 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emergency Raising Option  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deanna Tamara Driver  
Name of Person

Emergency Raising Option  
Firm/Company

1215 Alapaha Lane  
Address

Orlando FL 32828  
City/State and Zip Code

eroboard@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Driver at (321) 522-2231  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

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

Street Address:  
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

Emergency routing Option, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/24/19 and assigned  
Florida document number 84-3144501.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1215 Alapaha Lane  
Orlando Florida 32828

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1215 Alapaha Lane  
Orlando Florida 32828

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:

Name of New Registered Agent:

Deanna Tamara Driver

New Registered Office Address:

1215 Alapaha Lane

Enter Florida street address

Orlando

City

Florida

32828

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>	<u>Address</u>	<u>Type of Action</u>
AMbr	Lori-Anni Lovell	_____	<input type="checkbox"/> Add
		3601 Alafaya Heights RD Orlando FL 32828	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMbr	Berkeem Barr	_____	<input type="checkbox"/> Add
		3601 Alafaya Heights RD Orlando FL 32828	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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JESSIE R. LEE  
ORLANDO, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am requesting to have 9 members  
removed for the emergency meeting option  
please. They are not to be added to  
the company.

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2020 AUG 14 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

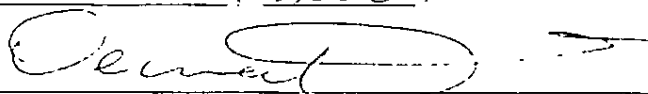
E. Effective date, if other than the date of filing: 8/10/20 (optional)

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 8/10, 2020.



Signature of a member or authorized representative of a member

Deanna Driver

Typed or printed name of signer