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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

SUBJECT: _						
_		mendment and fee(s) are sub dence concerning this matter	mitted for filing.			
The enclosed A		lence concerning this matter				
Please return al	•		g.			
			Name of Person			
		Erika Services, LLC				
			Firm/Company			
5844 NW Zenith Drive						
			Address			
		Port Saint Lucie				
		erika2014npsl@gmail.cor	City/State and Zip Code		n. )	
			to be used for future annual re	port notification)	20 HAR	:
For further info	rmation con	cerning this matter, please ca	ali:		ι	
Erika Carrillo			754 204- at ( )	-0074	 	, t O.
	Name of P		Area Code	Daytime Telephone Number		200
Enclosed is a ch	neck for the	following amount:			· ·	TIOHS
□ \$25.00 Fili	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclo	Certificat (sed) Certified	te of Status &	

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**

ARTICI	CLES OF AMENDMENT
ARTICI	CLES OF AMENDMENT TO LES OF ORGANIZATION OF  ability Company as it now appears on our records.)  orida Limited Liability Company)
ANTICE	OF 5
	<b>9</b>
Erika Services, LLC	3
(A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
he Articles of Organization for this Limited Liability  Iorida document number L2000009256	ity Company were filed on 01/02/2020 and assigned
his amendment is submitted to amend the following	
_	•
. If amending name, enter the new name of the l	limited liability company here:
he new name must be distinguishable and contain the words "I	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	:
Principal office address MUST BE A STREET AD	
Mailing address MAY BE A POST OFFICE BOX)  . If amending the registered agent and/or registe gent and/or the new registered office address here	tered office address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	
	City Zip Code
ew Registered Agent's Signature, if changing Registe	tered Agent:
rovisions of all statutes relative to the proper and	ent and agree to act in this capacity. I further agree to comply with nd complete performance of my duties, and I am familiar with and nd agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability

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	Luciano Castillo	5844 NW Zenith Drive Port Saint Lucie, FL 3986	; 
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March 4th ted	,	2020	<del>-1</del>				
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	ζ'	1.		1- 11-			
	Signature of per	rike.	horized repres	1 Grall D	mber		<del></del>
Erika Carrillo	Signature of a r	rike.	norized repres	Orn Dentative of a me	mber		<u></u>

Filing Fee: \$25.00