## 120000186354

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration Section

Divisi	on of Corp	orations				
Е	RAL INVE	STMENTS LLC				
SUBJECT: _		Name of Lim	ited Liability Company			
		mendment and fee(s) are sub	-			
Please return at	ii correspon	dence concerning this matter	to the following:			
		ERNESTO J. CUEVAS				
			Name of Person		atus & 🤼	
	ERAL INVESTMENTS LLC					
	4675 W 18TH CT SUITE 708					
			Address			
		HIALEAH, FL. 33012				
		agom01@gmail.com	City/State and Zip Code			
		E-mail address: (	to be used for future annual report noti	fication)		
For further info	rmation co	ncerning this matter, please ca	all:			
ERNESTO J. O	CUEVAS		205 515-6138			
	Name of I	Person	at ()Area Code Daytim	e Telephone Number		
Enclosed is a ch	heck for the	following amount:				
□ <b>\$</b> 25.00 Fili	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional copy is enclosed)	, 1	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations Fallahassee Street, Suite 810	j		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERAL INVESTMENTS LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our re- liability Company)	cords.)	•
The Articles of Organization for this Limited Liability Company lorida document number	were filed on	and a	ssigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liabi	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation '	L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
	<del> </del>		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the n	ew registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ad	ldress	
		Florida Zip Cod	
	City	Zip Cod	e 
ew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office	performance of my duties provided for in Chapter 60	, and I am familigr w 05, F.S. Or, if this do	rith and cument is
ompany has been notified in writing of this change.		2	

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
AMBR	ALFREDO G. OLIVEROS	4675 W 18TH CT SUITE 708. HIALEAH, FL. 33012	2 _ □ Add
			_ ≣Remove
			_ 🗆 Change
			_ □Add
			□ Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			Change
			_ □Add
			Remove
			_ □Change
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		7	Remove
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fective date, if other that	n the date of fi	ling:			(optional)		
in effective date is listed, the da ote: If the date inserted in t							
cument's effective date on	the Department	of State's record	S.			Hon Hon	
ecord specifies a delayed ef is filed.	fective date, but	not an effective	time, at 12:01 a	.m. on the earlier	of: (b) The		ter the
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