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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Cor | | , | |
|---------------------------------|--|---|--|
| ROAD ERA | | | • |
| 30BJEC1. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| | indence concerning this matter | | |
| | | | |
| | DONNA M. SAUER | | |
| | | Name of Person | |
| | ROAD ERASE, LLC. | | |
| | - | Firm/Company | |
| | 1200 S. ROGERS CIRCLE | ÷#11 | 22 |
| | | Address | 22 AUG 29 |
| | BOCA RATON, FL 33487 | 7 | 29 |
| | | City/State and Zip Code | notification) |
| | donna@huttonmiller.com | | 2: |
| | E-mail address: (| to be used for future annual report | notification) |
| For further information c | oncerning this matter, please ca | all; | |
| Donna M. Sauer | | 561 997-130 at () _ | 1 x203 |
| Name o | f Person | Area Code Da | ytime Telephone Number |
| Enclosed is a check for the | ne 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 | | Street Addres | |
| Registration S Division of C | | Registration Division of | Corporations |
| P.O. Box 632 | - | The Centre | of Tallahassee |
| Tallahassee, l | FL 32314 | 2415 N. Mo | onroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | - -, | | |
|---|---|--|--------------------------|--------------------|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now apr d Liability Compan | y) | | |
| The Articles of Organization for this Limited Liability Compa Florida document number 1.20000305731 | ny were filed on | SEPTEMBER 28, 2020 | and assigned | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited li | ability company | <u>here</u> : | | |
| The new name must be distinguishable and contain the words "Limited Lie | bility Company," tl | ne designation "LLC" or the abbi | | L.C." |
| orida document number 1.20000305731 its amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" are new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) inter new mailing address MUST BE A STREET ADDRESS) inter new mailing address, if applicable: Proper new mailing address, if applicable: If amending the registered agent and/or registered office address on our records, enter the name of the new ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address Emer Florida street address Emer Florida street address Age Code we Registered Agent's Signature, if changing Registered Agent: are the accept the appointment as registered agent and agree to act in this capacity. I further agree to complete ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 603, F.S. Or. if this docum | | | | |
| • • | | | DG | <u> </u> |
| | | | | <u></u> |
| | | | 32 | |
| Enter new mailing address, if applicable: | | | 5 | <u> </u> |
| ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name ont and/or the new registered office address here: | | ≖ | | |
| | | | | |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on ou | r records, <u>enter the name</u> | of the nev | <u>v registe</u> |
| 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 Ager | <u>nt:</u> | | | |
| provisions of all statutes relative to the proper and comple | te performance s provided for i | of my duties, and I am fa in Chapter 605, F.S. Or, ij | miliar wit Ethis docu | th and iment is |

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> | Type of Action |
|--------------|---------------------------------------|------------------------|-----------------|
| MGR | FRANK J. LANDI | 105 N. WYOMING AVENUE | = Add |
| | | SOUTH ORANGE, NJ 07079 | □Remove |
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| ective date, if other than the effective date is listed, the date mu | st be specific and cannot be p | rior to date of filing o | r more than 90 days att | tional) er filing.) Pursuant to (| 505.02 |
| e: If the date inserted in this bument's effective date on the D | lock does not meet the ap Department of State's reco | plicable statutory fi rds. | ling requirements, the | his date will not be l | isted a |
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| cord specifies a delayed effective | ve date, but not an effectiv | e time, at 12:01 a.i | n. on the earlier of: | (b) The 90th day a | fter th |
| filed. | | | | | |
| AUGUST 17 | 2022 | | | | |
| ed | <u></u> | <u> </u> | | | |
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| | Signature of a member or a | uthorized representat | ive of a member | | |