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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
SUBJECT.	ACIRE SERVICES,	LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ERICA T	RANCHANT Name of Person	<del></del>
		Firm/Company	
	5501 PARADE	PL *44	
		Address	
	MARGATE FL	33063	
		City/State and Zip Code	22
	ERICATREALTY (	@GMAIL.COM	10 12
		to be used for future annua	ll report notification)
For further information c	oncerning this matter, please c	all:	(655-0493  Daytime Telephone Number
ERICA TEANCH	ANT	at (_959)	655-0493
Name o	f Person	Area Code	Daytime 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 co	Certificate of Status &
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Address:
Registration S Division of C		_	ration Section on of Corporations
P.O. Box 632	=		entre of Tallahassee
Tallahassee, l	FL 32314	2415 1	N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HICIRE SERVICES	, —	re on our roonede )		<u>.                                 </u>	
(Name of the Limited Liability (A Florida Li	imited Liability Company)	rs on our records.			
he Articles of Organization for this Limited Liability Cor	mpany were filed on	03 29 20	21	and assig	gned
orida document number <u>L 21000144053</u>					
his amendment is submitted to amend the following:					
If amending name, enter the new name of the limite	ed liability company h	ere:			
Erica Tranchant, LLC					
ne new name must be distinguishable and contain the words "Limited	d Liability Company," the	designation "LLC" or	r the abbrevi	ation "L.I.	.C.**
nter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRE					-
			<u> </u>		
	<del></del>				
nter new mailing address, if applicable:	<del></del>		٠,- ٠	2021	
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	107	
			(a)	C	•
. If amending the registered agent and/or registered o	office address on our	records, enter the	e name of	the new	regist
gent and/or the new registered office address here:			<u>.</u>	či T	
Name of New Registered Agent:				···	
New Registered Office Address:					
	Enter Flo	rida street address			
		, Flori	da		
	City	<del></del> .	Z	ip 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
			DbA□
			□Remove
			☐ Change
			□Remove
			□Change
<del></del>			□Add
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			□Change

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