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JAS J

COVER LETTER

Division of	f Corporations	•			
	SOLUTIONS LLC		.		
	Name of L	imited Liability Company			
The enclosed Article	es of Amendment and fee(s) are so	ubmitted for filing.			
Please return all cor	rrespondence concerning this matt	er to the following:			
	SHALIN SHAH				
		Name of Person			
		Firm/Company	 ၂၈၀ ၂၈၀	2021	
	32693 CANYONLAND		RETAI	2021 JUN 28	1
		Address	SS.4	27	j
	WESLEY CHAPLE, FL	. 33543	in a	PH 3: 13	-
	SHALINI 125@GMAIL.	City/State and Zip Code COM		$\frac{1}{\omega}$	
For further informat	E-mail address tion concerning this matter, please	: (to be used for future annual report not call:	fication)		
SHALIN SHAH	, , , , , , , , , , , , , , , , , , , ,	732 8237908			
N:	ame of Person	Area Code Daytim	e Telephone Number	-	
Enclosed is a check	for the following amount:				
■ \$25.00 Filing F	Cee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy tadditional copy is	Status &	
<u>Mailing Ao</u> Registrat	ddress: ion Section	Street Address: Registration Sec	ction		
Division	of Corporations	Division of Cor	porations		
P.O. Box Tallahass	. 6327 see, FL 32314	The Centre of T 2415 N. Monro	`allahassee e Street, Suite 810		

Tallahassee, FL 32303

COVER LETTER

TO:

	Registration Se Division of Cor					
SUBJEC	ERP SOLU	TIONS LLC				
SUDJEC	1:	Name of Lin	nited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Shalin Shah				
		-81-0-5 B	Name of Person			
		ERP SOLUTIONS LLC		တ	29	
		32693 Canyonlands Drive	Firm/Company	TORETA	2021 JUN 28	
			Address		28	المالما
		Wesley Chapel, FL 33543			1 ===	
		shalin1125@gmail.com	City/State and Zip Code		- ω	
For furthe	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	cation)		
Shalin Sh	ah		732 8237908 at ()			
	Name o	f Person		Telephone Number		
Enclosed	is a check for th	e following amount:				
■ \$25.0	00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filit Certificate Certified C (additional co	of Statu Copy	
]]]	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Illahassee Street, Suite 81	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERP SOLUTIONS LLC

company has been notified in writing of this change.

(A Florida Lim	ompany as it now appears on our records.) mted Liability Company)
	pany were filed on May 24, 2021 and assigned
Florida document number L21000239810	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
ERP TECH LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbrevialing "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES:	s)
	SE P M
	Els Ö
Enter new mailing address, if applicable:	THE 3
(Mailing address MAY BE A POST OFFICE BOX)	
	fice address on our records, enter the name of the new reg
agent and/or the new registered office address here:	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address, Florida Circ Zip Code

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

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
			□Add
			□Remove
			□Change
		 	
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Tective date, if other than t	ne date of filin	ıo:			(ontional)	
Tective date, if other than the effective date is listed, the date in ote: If the date inserted in this	ust be specific and	d cannot be prior	to date of filing o	r more than 90 day	's after filing.	Pursuant to 605.020
ocument's effective date on the	Department of S	State's records.	aore statutory fr	nng requiremen	is, tills date	will not be fisted t
record specifies a delayed effec- is filed.	ive date, but not	t an effective ti	me, at 12:01 a.r	n. on the earlier	of: (b) Th	e 90th day after th
June 9		2021				
	3					
1						
	Signature of a	member or autho	orized representat	ive of a member		<u>.</u>