L21000315364

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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor		,
New Era L	LC ·	
SUBJECT:	Name of Limited Liability Company	
in		
	Amendment and fee(s) are submitted for filling.	
Please return all correspo	ondence concerning this matter to the following:	
	Flaviu Forgaciu	
	Name of Person	
	New Era LLC	
	Firm/Company	
	5237 cherry wood dr .	~
	Address	2022 OCT SECRET
	Naples FL 34119	
	City/State and Zip Code	
	flaviufor@gmail.com	
	E-mail address: (to be used for future annual report notification)	PH 1:35
For further information c	oncerning this matter, please call:	₁₇ ; 0;
Flaviu Forgaciu	239 5649354 at (
Name o	f Person Area Code Daytime Telephone	Number
Enclosed is a check for the	he following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres Registration 5		
Division of C	Corporations Division of Corporations	
P.O. Box 632	The Centre of Tallahasse	e

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Era LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp		and assigned
Florida document number L21000315364		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		022 SEC
		THE CI
Enter new mailing address, if applicable:		福山下
Mailing address MAY BE A POST OFFICE BOX)		200 P M
muning universe may be at tost of tree boay		mo -
		75 % %
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter</u>	μη -
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	7
	, Flo	orida
	City	Zip 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 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
AMBR	Flaviu Forgaciu	5237 cherry wood dr. Naples Fl 34119	≣ Add
•			□ Remove
			□Add
			□ Remove
			CE CRE GAdd
			☐ Gamove ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Remove
			□ Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			□ Chango

					
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ffective date, if other an effective date is listed ote: If the date insert ocument's effective date	, the date must be specified in this block does:	ic and cannot be prior not meet the applic	to date of filing or more able statutory filing i	(optiona e than 90 days after filir equirements, this da	l) g.) Pursuant to 605.0207 te will not be listed as t
record specifies a dela is filed.	yed effective date, bu	t not an effective t	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
october 4th		2022			
			 • :		
	\	211 1 A .			

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Typed or printed name of signee