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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

02/21/23

NAME: ALPARENO ERBA, LLC

TYPE OF FILING: AMENDMENT

COST:

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| TO: | Registration S Division of Co | | | |
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| SUBJEC | ALPARE | ENO ERBA, LLC | | of Status & opy |
| SUBJEC | -1 | Name of Li | imited Liability Company | |
| The encl | osed Articles o | of Amendment and fee(s) are su | uhmitted for filing | |
| | | condence concerning this matte | • | |
| | | Douglas L. O'Keefe | | |
| | | | Name of Person | |
| | | O'Keefe Law, P.A. | | |
| | | · | Firm/Company | |
| | | 3350 Virginia Street, Suit | te 330 | |
| | | | Address | |
| | | Miami, FL 33133 | | |
| | | | City/State and Zip Code | |
| | | breynolds@nrinternational | | |
| For further | r information (| E-mail address: concerning this matter, please c | (to be used for future annual report notification) | |
| | | concerning this matter, prease t | | |
| Douglas (| | | 305 213-9029 at () | |
| | Name o | of Person | Area Code Daytime Telephone Number | |
| Enclosed i | s a check for t | he following amount: | | |
| □ \$ 25.00 | O Filing Fee | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| R | Lailing Addres egistration S vivision of C | Section | Street Address: Registration Section Division of Corporations | |
| P | .O. Box 632 allahassee, F | 7 | The Centre of Tallahassee | |
| • | minimiste, I | ~ 243 I T | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FALLABASSE | 2023 FEB 21 | |
|------------|-------------|---|
| | AH 10: 08 | O |

Zip Code

| ALPARENO ERBA, LLC | | |
|--|--|---------------------------|
| · | (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited I Florida document number L21000488431 | Liability Company were filed on 11/12/2021 | and assigned |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name of | of the limited liability company here: | |
| ERBA, LLC | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the designation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if application | cable: | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | <u> </u> |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | BOX) | |
| | | |
| B. If amending the registered agent and/or ragent and/or the new registered office addre | registered office address on our records, <u>enter the name is here:</u> | ame of the new registered |
| Name of New Registered Agent: | Brent Reynolds | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | T') 'I | |

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.

City

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 |
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