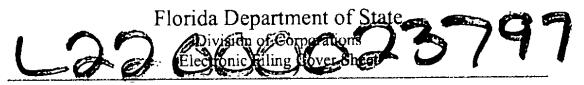
3/25/22, 12:24 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000111043 3)))



H220001110433ABCO

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To:

Division of Corporations

Fax Number : (85

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

MAY 25 PH 2: F

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ERBS AR UZ LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2022 MAR 25 AM 10: 3

Electronic Filing Menu

Corporate Filing Menu

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TO:

Registration Section

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## **COVER LETTER**

Div	ision of Corp	orations		
SURJECT:	ERBS AR U			
School Cir		Name of Limit	ed Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return	all correspor	idence concerning this matter to	o the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	<u> </u>
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	<del></del>
		silvester.victor.m@gmail.co		
		E-mail address: (4	o be used for future annual report notifi	ication)
For further i	nformation co	meerning this matter, please ca	ill:	
Cheyenne N	toseley		at () 773-0888 at () Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.001	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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

company has been notified in writing of this change.

To: +18506176383

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERBS AR UZ LLC		
(Name of the Limited Linb (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/11/2022	and assigned
Torida document number 1.22000023797	<u></u> .	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
		<del></del>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enta</u> <u>iddress here</u> :	er the name of the
		202
Name of New Registered Agent:		2 HAR
		그 구 _
New Registered Office Address:		<del></del>
New Registered Office Address:	Enter Flunda street address	-
New Registered Office Address:	, Florida	5 A
New Registered Office Address:  New Registered Agent's Signature, if changing Register	, Florida	Zip.( oalo

If Changing Registered Agent, Signature of New Registered Agent

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 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

To -18506176383

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Justice Fouche	1096 Waterlilly Lane Oviedo, FL 32766	Add
			☐ Remove
			☐ Change
MGR	SILVESTER, VICTOR		Add
			☐ Remove
		4826 S SEMORAN BLVD., APT, 1001 ORLANDO, FL 32822	
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			D Add
			Remove
			☐ Change

,	
	·
Note	tive date, if other than the date of filing:  flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he ro Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	1 3/16/22
	Signuture of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00