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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

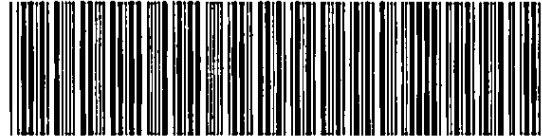
(Business Entity Name)

(Document Number)

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2022 SEP -6 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ERCI&CO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

RS ACCOUNTING AND TAX SERVICES INC

Firm/Company

10 FAIRWAY DRIVE STE 201A

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

info@rsaccountingtax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODRIGO P SILVA

Name of Person

at (954)

Area Code

623-7615

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ERCI&CO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/03/2022 and assigned
Florida document number L22000111640.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NONE

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

7643 GATE PARKWAY

SUITE 202

JACKSONVILLE FLORIDA 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7643 GATE PARKWAY

SUITE 202

JACKSONVILLE FLORIDA 32256

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NONE

New Registered Office Address:

NONE

Enter Florida street address

Florida

City

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.

FILED
2022 SEP -6 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FL

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VANESSA DO VALE MENDONC	7643 GATE PARKWAY	<input checked="" type="checkbox"/> Add
		SUITE 202	<input type="checkbox"/> Remove
		JACKSONVILLE FLORIDA 32256	<input type="checkbox"/> Change
MGR	ALBINO ERCICO DA SILVA NE	7643 GATE PARKWAY	<input type="checkbox"/> Add
		SUITE 202	<input type="checkbox"/> Remove
		JACKSONVILLE FLORIDA 32256	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

VANESSA DO VALE MENDONCA ERCICO

ALBINO ERCICO DA SILVA NETO

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 30, 2022

Albino ERCICO DA SILVA NETO

Signature of a member or authorized representative of a member

ALBINO ERCICO DA SILVA NETO

Typed or printed name of signee