Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H22000331478 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: ...

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Account Name : INCFILE.COM LLC Account Number: I20220000070

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COVER LETTER 1

(((H22000331478 3)))

TO: Registration Section Division of Corporations

SUBJECT:	ERA SC	DEUTIONS LEC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company	···········	
	17350 STATE HWY 249 S			
		Address		
	HOUSTON, TX 77064			
	EFILE1234@INCFILE.CO	City/State and Zip Code M		
	F-mail address: (to be used for future annual rep	nort notification)	
For further information of	concerning this matter, please ea	all:		
LOVETTE DOBSON		at () Area Code	162-3453	
Name o	of Person	Area Code	Daytime Telepho	me Number
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	□l \$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

(((H22000331478 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERA SOLUTIO			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	09/16/2022	and assigned
IOrida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>'e</u> :	
		_	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de-	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	333 SE 2nd Aven	ue. Suite 2000	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131		
Principal office duaress siest in A STREET ADDITIONS			
Enter new mailing address, if applicable:	333 SE 2nd Aven	iue, Suite 2000	
W V -	Miami, FL 33131		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		enter the mane	or the new regions
New Registered Office Address:	Enter Florie	la street address	
	127000		
	City	, Florida	Zip Code
Now Registered Agent's Signature if changing Registered Agent:			•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr		anacity I further agr	ee to comply with
rnereny accept the appointment as registered agent and agreements of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of r provided for in Ci	ny duties, and I am fo hapter 605, F.S. Or, i	uniliar with and f this document is
If Chan	noing Registered Ave	nt. Signature of New Regi	stered 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: (((H22000331478 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Brian Gonzalez	333 SE 2nd Avenue, Suite 2000	□ Add
		Miumi, FL 33131	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Add
			Remove
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Filing Fee: \$25.00