

2/3/23, 11:00 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

622000431305

**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.

(((H23000045111 3)))



H230000451113ABCR

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC  
 Account Number : I20090000001  
 Phone : (239)213-0066  
 Fax Number : (239)213-0698

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

Email Address: crinm@advocatetax.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 ERGON MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 09 2023

11:00 AM

DocuSign Envelope ID: 2941B0EF-4781-4425-8389-408F9FCFCF49

COVER LETTER

((H23000045111 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: Ergon Management, 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:

Erin Meyer

Name of Person

Advocate Consulting Legal Group, PLLC

Firm/Company

3555 Kraft Road, STE 240

Address

Naples, FL 34105

City/State and Zip Code

erinm@advocatetax.com

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

For further information concerning this matter, please call:

Erin Meyer

239

213-0066

at ( )

Name of Person

Area Code

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

DocuSign Envelope ID: 2941B0EF-4781-4425-8399-408F9FCFCF48

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

(((H23000045111 3)))

Ergon Management, 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 11/09/2022 and assigned  
Florida document number L22000481305.

This amendment is submitted to amend the following:

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

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)

350 Lincoln Road

2nd Floor

Miami Beach, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

350 Lincoln Road

2nd Floor

Miami Beach, FL 33139

**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:

Richard Morgan, Jr.

New Registered Office Address:

350 Lincoln Road, 2nd Floor

*Enter Florida street address*

Miami Beach

City:

Florida

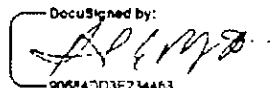
33139

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.*

DocuSigned by:



9084003E234463...

**If Changing Registered Agent, Signature of New Registered Agent**

DocuSign Envelope ID: 2941B0EF-4781-4425-8399-408F9FCFCF49

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H23000045111 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Richard Morgan, Jr.	350 Lincoln Road	<input type="checkbox"/> Add
		2nd Floor	<input type="checkbox"/> Remove
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change
AMBR	Shanna Morgan	350 Lincoln Road	<input type="checkbox"/> Add
		2nd Floor	<input type="checkbox"/> Remove
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

