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COVER LETTER

TO: Registration So Division of Cor				
LKV GRO	UP LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Omar Vivas			
		Name of Person		
	LKV GROUP			
	<u> </u>	Firm/Company		
	1065 SW 8TH ST #1961			c
		Address		
	Miami, FL 33130		,	· :
		City/State and Zip Code		
			~	
For further information c	e-mail address: (to be used for future annual report noti- all:	tication)	17 . (
Name o	f Person	at (e Telephone Number	_
Enclosed is a check for the	ne 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 Certificate of Certified Cop (additional copy	Status &
Mailing Address		Street Address:	-4:-u	
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632	-	The Centre of T	-	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERV GROUP LLC		
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000076932	were filed on <u>02/10/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	1065 SW 8TH ST Miami, Fl 33130	
Principal office address MUST BE A STREET ADDRESS)	<u></u>	<u> </u>
		· ·
	7	2
nter new mailing address, if applicable:	1065 SW 8TH ST #1961 Miami, Fl 33130	C
Mailing address MAY BE A POST OFFICE BOX)	: 	<u> </u>
	:	-:. :
		(
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>enter the name of t</u>	he new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<i>C</i> : 1
	City Zi _l	Code :

New Registered Agent's Signature, if changing Registered Agent:

LEUCHAUNTEC

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.

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
AMBR	Carlos Ordonez	11017 N Kendall Dr J 105 Miami, Fl 33176	■Add
			□Remove
			□ Change
			□Remove
			Change I
			□Remove
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			Remove
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ctive date, if other than the date of filing:			(1	ptional)	
effective date is listed, the date must be specific and c	annot be prior to o	late of filing or n	nore than 90 days	after filing.) Pur	suant to 605.02
If the date inserted in this block does not me ment's effective date on the Department of Sta		e statutory min	ig requirements	, this date will	not be fisted
ord specifies a delayed effective date, but not a filed.	n effective time	, at 12:01 a.m.	on the earlier o	f: (b) The 90	th day after th
d april. 13	2023				
	1/1/1-				
Signature of a mo	- UiUac				