# L23000082562

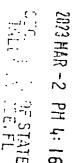
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#### **COVER LETTER**

TO;

Registration Section
Division of Corporations

Tallahassee, FL 32314

### Erindale One LLC SUBJECT: 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: William G Baker Name of Person Erindale One LLC Firm/Company 2026 SW 51st Street Address Cape Coral, Florida 33914 City/State and Zip Code bbaker711@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William G Baker 745-2445 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Erindale One LLC		
( <u>Name of the Limited Liability Company</u> as (A Florida Limited Liabil	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{L23000082562}{L23000082562}$ .	e filed on February 15, 2023 and as	ssigned
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 Co	ompany," the designation "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20/13
		<u> </u>
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Enter new mailing address, if applicable:		2
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(Mailing address MAY BE A POST OFFICE BOX)		<del>I</del>
	FIN	- 1
B. If amending the registered agent and/or registered office addr agent and/or the new registered office address here:	ess on our records, <u>enter the name of the ne</u>	w registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	

#### 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.

City

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>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00