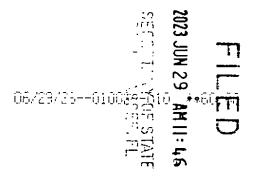
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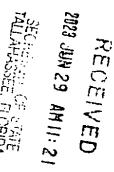
(Requestor's Name)
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## **COVER LETTER**

TO: Registration Sec Division of Corp		\$.	٠,,
$\mathcal{L}_{a,i}$	T 10	D	
SUBJECT: CAUC	a Juanta Co,	ited Liability Company	
		, ,	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	EvicaCo	34	
		Name of Person	
	Frica		
		Firm/Company	
	1115, into	1 411=	
	3000 1000 3	Address Address	· <del></del>
	St Petersbu	Lny, FL 3B 70 City State and Zip Code	23
		Sicloud . com to be used for future annual report no	
	E-mail address: (	to be used for future annual report no	otification)
For further information co	oncerning this matter, please ca	all:	
Erica C	- <b>0</b> 7-	ar( <del>ZZZ</del> )_542	-1239
Name of		Area Code Dayti	me Telephone Number
Enclosed is a check for th	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration S	
P.O. Box 632	-	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	a PULC	on our records \		
(A Florida Lin	nted Liability Company)	on our records.		
The Articles of Organization for this Limited Liability Comp	pany were filed on M	34, 9, 2013 and assigned		
Florida document number <u>123000129756</u> .		,,,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> ;		
Erica J. Cox LLC  The new name must be distinguishable and contain the words "Limited				
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2023		
(Principal office address MUST BE A STREET ADDRES	<u></u>			
		2		
		123 E II		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	· ··	<u> </u>		
	-			
B. If amending the registered agent and/or registered of	fice address on our rec	ords, enter the name of the new registered		
agent and/or the new registered office address here:				
Name of Nicola De Carroll A				
Name of New Registered Agent:				
New Registered Office Address:	Enter Floria	la street address		
		***		
<del></del>	City	Florida		
New Registered Agent's Signature, if changing Registered A	gent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	l agree to act in this co plete performance of n t as provided for in Cl	ny duties, and I am familiar with and napter 605, F.S. Or, if this document is		
	Changing Registered Agei	nt, 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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Effecti	ve date, if other than the date of filing: (optional)
f an eff <u>Note:</u>	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor rd is fil	I 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 ed.
Dated	June 29 . 2023.
	/
	Signatury of a member or authorized representative of a member

Filing Fee: \$25.00