

L23000235678

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(Address)

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(City/State/Zip/Phone #)

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JD

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R. HUNT

08/08/23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ERRGB PROPERTY 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:

ELIEL DE ANDRADE

Name of Person

SUPRA TAX LLC

Firm/Company

6675 WESTWOOD BLVD STE 330

Address

ORLANDO, FL 32821

City/State and Zip Code

BUSINESS@SUPRATAX.COM

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

For further information concerning this matter, please call:

ELIEL DE ANDRADE

407 530-0007
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

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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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FL

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OFFICE OF STATE
CLERK, FLORIDA

ED
2007 JUN -9 PM 1:20
STATE
UNIVERSITY

(If an effective 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 (3)(b)

If the record 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 record is filed.

Eliel de Andrade
Signature of a member or authorized representative of a member

Typed or printed name of signee