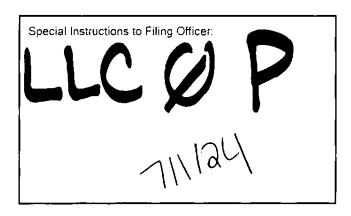
## L24000196719

|                  | (Requestor's Name)       |
|------------------|--------------------------|
| <del></del>      | (Address)                |
|                  | (Address)                |
|                  | (City/State/Zip/Phone #) |
| ∏ PICK-U         | P                        |
|                  | (Business Entity Name)   |
|                  | (Document Number)        |
| Certified Copies | Certificates of Status   |



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June 19, 2024

ERIC ALLEN 1100 NORTHWEST VIVALDI COURT PORT ST LUCIE, FL 34986

SUBJECT: ERRIOS LLC Ref. Number: L24000196719

We have received your document for ERRIOS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 824A00013401

Morgan E Lovett Regulatory Specialist II

## COVER LETTER

| TO: Registration Se<br>Division of Cor |  |  |  |  |
|--|--|--|--|--|
|  | RIOS LLC                                     |  |  |  |
| SUBJECT:                               | Name of Limite                               | Name of Limited Liability Company                                |  |  |
| The enclosed Articles of               | Amendment and fee(s) are subm                | itted for filing.  |  |  |
|  | ondence concerning this matter to            |  |  |  |
|  |  | ERIC ALLEN   |  |  |
|  |  | Name of Person   |  |  |
|  |  | ERRIOS LLC   |  |  |
|  |  | Firm/Company   |  |  |
|  | 11   | 00 NRTHWEST VIVALDI COU  | RT   |  |
|  |  | Address  |  |  |
|  |  | PORT ST LUCIE, FL 34986  |  |  |
|  | -  | City/State and Zip Code  | <del></del>  |  |
|  | - 1 11 G                                     | eric.allen@errios.com  |  |  |
| For further information of             | concerning this matter, please cal           |  | Catton)  |  |
| MARIA MYLES                            |  | 504 9824500  |  |  |
| Name (                                 | of Person                                    | at () Area Code Daytime  | Telephone Number   |  |
| Enclosed is a check for t              | he following amount:                         |  |  |  |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| <u>Mailing Addre</u><br>Registration   |  | Street Address:<br>Registration Sec                              | tion   |  |
| Division of C                          | Corporations                                 | Division of Corp   | porations  |  |
| P.O. Box 637                           | 77   | The Centre of T:   | allahassee   |  |

Tallahassee, FL 32314



2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ERRIOS LLC   |   |  |                                  |
|--|---|--|----------------------------------|
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li   | y <mark>as it now appears on o</mark><br>ability Company) | <u>ir records.</u> )                       |                                  |
| The Articles of Organization for this Limited Liability Company v<br>Florida document number <u>L24000196719</u>   | vere filed on <u>4/26/2</u>                               | 024  | _ and assigned                   |
| This amendment is submitted to amend the following:  |   |  |                                  |
| A. If amending name, enter the new name of the limited liabil  | ity company here:   |  |                                  |
| The new name must be distinguishable and contain the words "Limited Liability  | y Company," the designat                                  | ion "LLC" or the abbrev                    | riation "L.L.C."                 |
| Enter new principal offices address, if applicable:  |   |  |                                  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |  |                                  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |   |  |                                  |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:  |   | s, enter the name o                        |                                  |
| Name of New Registered Agent:  | _ <del></del>   |  |                                  |
| New Registered Office Address:   |   |  |                                  |
|  | Enter Florida str   | vet address                                |                                  |
|  |   | Florida                                    | <u> </u>                         |
|  | City  |  | Zip Code                         |
| New Registered Agent's Signature, if changing Registered Agent:  |   |  |                                  |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change. | performance of my d<br>rovided for in Chapt               | uties, and I am fan<br>er 605, F.S. Or, if | ulliar with and this document is |
|  |   |  |                                  |

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 |
|--------------|------------------|----------------------|----------------|
| MGR          | LEONID CHOROSHKO | 74 FERNWOOD          |                |
|              |                  | CORK T45AC04 IRELAND | □Remove        |
|              |                  |                      | □Change        |
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| ffective date, if other than the an effective date is listed, the date must be a listed. If the date inserted in this blocument's effective date on the D | ock does not meet the applica   | (optional) odate of filing or more than 90 days after filing.) Pursua ole statutory filing requirements, this date will no | ant to 605.0207 (<br>of be listed as t<br>- |
| is filed.   |                                 | e, at 12:01 a.m. on the earlier of: (b) The 90th   | day after the                               |
| JULY 1ST  | 2024                            |  |   |
| JULY 1ST  |                                 | -  |   |
|   |                                 |  |   |
|   | Signature of a member or author | ized representative of a member  |   |

Filing Fee: \$25.00