

L24000252111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

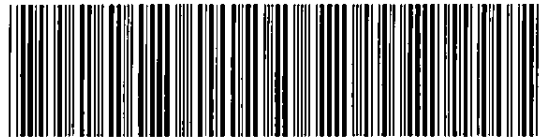
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06/13/24--01023--013 \*\*30.00

06/13/24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ERMOU 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:

ANA CAROLINA LOAYZA  
Name of Person  
ERMOU LLC  
Firm/Company  
2641 N FLAMINGO RD UNIT 1605  
Address  
PLANTATION, FL 33323  
City/State and Zip Code  
anacarolinaloayza@yahoo.es  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN PINTO 305 9241122  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ERMOU LLC

**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>         | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|---------------------|------------------------------|--|
| MGR          | JOHN PINTO          | 1521 ALTON ROAD UNIT 194     | <input type="checkbox"/> Add               |
|              |                     | MIAMI BEACH, FL 33139        | <input checked="" type="checkbox"/> Remove |
|              |                     |                              | <input type="checkbox"/> Change            |
| MGR          | ANA CAROLINA LOAYZA | 2641 N FLAMINGO RD UNIT 1605 | <input checked="" type="checkbox"/> Add    |
|              |                     | PLANTATION, FL 33323         | <input type="checkbox"/> Remove            |
|              |                     |                              | <input type="checkbox"/> Change            |
|              |                     |                              | <input type="checkbox"/> Add               |
|              |                     |                              | <input type="checkbox"/> Remove            |
|              |                     |                              | <input type="checkbox"/> Change            |
|              |                     |                              | <input type="checkbox"/> Add               |
|              |                     |                              | <input type="checkbox"/> Remove            |
|              |                     |                              | <input type="checkbox"/> Change            |
|              |                     |                              | <input type="checkbox"/> Add               |
|              |                     |                              | <input type="checkbox"/> Remove            |
|              |                     |                              | <input type="checkbox"/> Change            |
|              |                     |                              | <input type="checkbox"/> Add               |
|              |                     |                              | <input type="checkbox"/> Remove            |
|              |                     |                              | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated JULY 29 2024

Signature of a member or authorized representative of the contractor

JOHN J PINTO

Typed or printed name of signee