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## **COVER LETTER**

TO: Registration S Division of Co			
ERMOU I			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ondence concerning this matter t	o the following:	
	ANA CAROLINA LOAYZ	ZA.	
		Name of Person	
	ERMOU LLC		
		Firm/Company	
	2641 N FLAMINGO RD U	INIT 1605	
		Address	
	PLANTATION, FL 33323		
	<del></del>	City/State and Zip Code	
	anacarolinaloayza@yahoo.e	s o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	·	,
JOHN PINTO	, , , , , , , , , , , , , , , , , , , ,	305 9241122	
Name (	of Person	at ()	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	El \$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 Registration		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERMOU LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/03/2024	and assigned
Florida document number L24000252111		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" o	or the abbreviation "f.,t.,C."
Enter new principal offices address, if applicable:	<del> </del>	·•,
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		• 7
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Control of the state of the sta	
	Enter Florida street address	
	, Flori	
	City	Zip Code

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.

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOHN PINTO	1521 ALTON ROAD UNIT 194	[]Add
		MIAMI BEACH, FL 33139	<b>⊞</b> Remove
			□Change
MGR	ANA CAROLINA LOAYZA	2641 N FLAMINGO RD UNIT 1605	<b>≣</b> ∧dd
		PLANTATION, FL 33323	□Remove
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Tective date, if other than an effective date is listed, the dat ote: If the date inserted in the	e must be specific and c	cannot be prior to date et the applicable st	of filing or more than latutory filing requir	(optional) 90 days after filing.) Pu ements, this date wil	rsuant to 605,0201 I not be listed as
ocument's effective date on t					
record specifies a delayed eff	fective date, but not a	n effective time, at	. 12:01 a.m. on the e	arlier of: (b) The 90	Oth day after the
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