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	Registration So Division of Co			
erin irz	E & E Dera	as LLC		
SUBJEC	.1:	Name of Lin	ited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rei	turn all correspo	ondence concerning this matter	to the following:	
		Rocio B. Deras		
			Name of Person	
		E & E Deras LLC		
			Firm/Company	
		1065 S. Carlyle St.		
			Address	
	LaBelle, Florida 33935			
			City/State and Zip Code	
		Derasrocio@yahoo.com		
		E-mail address: (to be used for future annual report no	tification)
For furthe	er information c	concerning this matter, please c	all:	
Rocio Do	eras		863 673-1856	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for the	he following amount:		
☐ \$25.0	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 Registration !		Street Address: Registration So	ection
	Division of C		Division of Co	
	P.O. Box 632	2.7	The Centre of	Tallahassee
•	Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

E & E Deras LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limit	ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L24000366769</u> .	my were filed on $\frac{08/2}{}$	1/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> ;	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			-
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	· ; · ·
indiang undress SIAT BE A FOST OFFICE BOX		77:	\odot
	-	1.1	<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	
	•		Zip Code
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	te performance of mass provided for in Ch	y duties, and I am fa apter 605, F.S. Or, i	miliar with and f 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>	<u>Address</u>	Type of Action
MGR	Eric E. Deras-Oliveros	1065 S Carlyle St LaBelle, Florida 33935	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			☐ Change
			□Remove
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ective date, if other than the date of filing:	/2024		_ (optional)	
effective date is listed, the date must be specific and cannot be: If the date inserted in this block does not meet the	e prior to date of filit applicable statutor	ng or more than 90 d	lays after filing.) P	ursuant to 605.01 Il not be listed
ument's effective date on the Department of State's re				
and a second of the second of		an and a second	washinka Thas	Mik dan after t
cord specifies a delayed effective date, but not an effect sfiled.	Aive time, at 12.01	a.m. on me carn	eror. (b) The	our day arter t
ed,				
Roser B. D. Signature of a member of				

Filing Fee: \$25.00

Typed or printed name of signee