P20 0000 45151

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer;				

Office Use Only



500354046775

12/01/20--01014--018 *+52.50

1 ('C) ('(1')

JAN 20 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ERS ALLIANCES	S INC	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	LUIS E RIVERA II		
		Name of Contact Person	1
	ERS ALLIANCES INC		
		Firm/ Company	
	3546 IDLE HOUR DR		
		Address	
	ORLANDO, FL 32822		
		City/ State and Zip Code	3
	LUIS@ERSALLIANCES.O	OM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
LUIS E RIVERA II		at (399-7394
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

ERS ALLIANCES INC (Name of Corporation as currently filed with the Florida Dept. of State) P20000048151 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P + President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	MAVERICK D MORA	3132 RIVER SPRINGS BLVD	
Add			CLERMONT, FL 34711	
X Remove				
2) Change	VP	RICHARD M HERNANDEZ	950 BARBADOS AVE	
Add			ORLANDO, FL 32825	
X Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	 -		
•				
		·	· · · · · · · · · · · · · · · · · · ·	
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		<u>.</u>		
	<u> </u>			
<u> </u>		••••		
				
If an amendment provides for an exch	ange, reclassification	n, or cancellation of	issued shares.	
provisions for implementing the ame	ndment if not contain	ned in the amendme	nt itself:	
(if not applicable, indicate N/A)				
			•	
	.		* 18 *	

	adoption:	, if other than the
date this document was signed.	/31/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sh	hareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the sufficient for approval.	ne amendment(s)
	pproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amen	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
11/12/20	20	
Dated		
	7 . /// . ///	
Signature(By a	director, president or other officer – if directors or officers	have not been
	ed, by an incorporator – if in the hands of a receiver, trustee	
арро	med fiduciary by that fiduciary)	
	LUIS E RIVERA II	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	