

LI6000187643

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OCT 13 2016  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2506 ESSEX, 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:

Aida Saba Cavooris  
\_\_\_\_\_ Name of Person

Attorney at Law  
\_\_\_\_\_ Firm/Company

201 S. 2nd Street, Suite 205  
\_\_\_\_\_ Address

Fort Pierce, FL 34950  
\_\_\_\_\_ City/State and Zip Code

Aida@Cavoorislaw.com  
\_\_\_\_\_ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aida Saba Cavooris                                  631                                  332-7542  
\_\_\_\_\_ at (                                  )  
Name of Person                                  Area Code                                  Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

2506 ESSEX, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 11, 2016 and assigned Florida document number L16000187643.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

2605 ESSEX, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

201 S. 2nd Street, Suite 205

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Pierce, FL 34950

**Enter new mailing address, if applicable:**

Same as above

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

Aida Saba Cavooris (unchanged)

**New Registered Office Address:**

201 S. 2nd Street, Suite 205

*Enter Florida street address*

Fort Pierce

*City*

Florida 34950

*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.*

*No change*

**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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

NO OTHER CHANGE. NAME CHANGE ONLY.

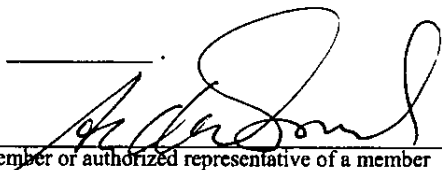
**E. Effective date, if other than the date of filing: ASAP PLEASE (optional)**

(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 \_\_\_\_\_, \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Aida Saba Cavooris, Attorney at Law

Typed or printed name of signee

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DEPARTMENT OF STATE  
OFFICE OF DATA MANAGEMENT