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(Requ	uestor's Name)	
(Addı	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: E	ES Emergency Number of Lillin	Services LLC ited Liability Company	
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Eci	C Schrand+ Nume of Person	
	_	Igney Services LLC Film/Company	<u>-</u>
	1300 1	E Mexwell St Address	
	Persoc	City/State and Zin Code	<u> </u>
-	5 Ch rar E-mail address: (1	City/State and Zip Code Adterice gmail. Controls be used for future annual report notific	Cation)
For further information conc	terning this matter, please co	all:	
Enc Sci Name of Po	hrandt irson	at (7e4) 6(8-8	35 (4 Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee (2-\$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

ES Emergency	Services LLC
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 18000 9112 6</u>	ompany were filed on $8/9/8$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
<u>(Principal office address MUST BE A STREET ADDRE</u>	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>∞</u>
	58 = ♥
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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>	Address	Type of Action
MGR	Elyse Schrandt	Pensacola, FL 32503	 X _Add
	•	Pensacola, FL 32503	□ Remove
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Page 3 of 3

Filing Fee: \$25.00