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I ALBRITTON.

## COVER LETTER .

TO: Registration Section Division of Corporations	
SUBJECT: Essentail Ventures Name of Limited Lia	L/C bility Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted for filir	ng.
Please return all correspondence concerning this matter to the following	g:
Brian Chestack Name of Person	_
Day Pitae y Firm/Company	_
1201 George Bush Blud	_
Delray Beach, FL 3348 City/State and Zip Code	3
e-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Julian Rizzuto-Flancham at 732 Name of Person Area Code	Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303
Enclosed is a check for the following amount:	
S30 Filing Fee & S55 Filing Fee & Certificate of Status Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		tion 605.0209, F.S., this document is being submitted to correct a previously f						
<u>FIRST</u>	: The na	ame of the limited liability company is: Fssentail Venture	5 , 44 C	•				
SECO	ND:	The Florida Document number of the limited liability company is:	<del></del>	000	01525			
THIR	<u>D</u> :	Document to be corrected is: Acticles of Organiza						
	(	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICA		<u>ent</u>				
<b>d</b>		ins an incorrect statement. The incorrect statement, the reason the statement is ent are as follows:	incorrect, and the	e correcte	·d			
	The	name of the LLC is spelled in	correctly	•				
	Plea	se change to "Essential Verte	1005 1	LC	*/			
	It OR	se change to "Essential Verter ventures, cic"	do() 95	<u>"</u> Ess	iontail			
		as defectively signed. The manner in which the document was defectively signed and the appropriate correction are follows:						
			<u>:</u>	202				
			-	] . :				
	<u>OR</u>			<u>ت</u> :	*			
_		ectronic transmission of the record was defective.		<u></u>	; · · · · · · · · · · · · · · · · · · ·			
	/	Signature of Authorized Representative	6/10/20	ب <u>ب</u> ب	_			
		Signature of Authorized Representative	Date	لبعه				
		ew registered agent, if applicable: (NOTE: if correcting the registered agent, the signation).	ne new registered	agent mu	st sign			

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.

Registered Agent's Signature

Filing Fce: Certified Copy:

\$25.00

\$30.00 (optional)