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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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DEC 0 9 2019 S. YOUNG

COVER LETTER

	Registration Se Division of Cor			
aun ir c		ONSTRUCTION, L.L.C.		
SUBJEC		Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Richad Shassian		
		Essian Construction, LLC	Name of Person	
		999 Douglas Avenue, Suite	Firm/Company 2 1115	
		Altamonte Springs, FL 327	Address 714	
		rs@essianconstruction.com	City/State and Zip Code	
			to be used for future annual report notif	fication)
For furth	er information c	oncerning this matter, please or	all:	
Richard		f Person	407 310-4316 at () Area Code Davtim	e Telephone Number
			•	
Enclosed	is a check for th	ne 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

ESSIAN CONSTRUCTION, L.L.	J.		≥ 19 5
(Name of the Limi	ted Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	A P
The Articles of Organization for this Limited L Florida document number (12-0604608)	iability Compar	ny were filed on $\frac{5/8/02}{}$	NOV - Signed
This amendment is submitted to amend the following	owing:		7: 47
A. If amending name, enter the new name of	f the limited lia	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			enter the name of the new
New Registered Office Address:		Enter Florida street address	
			ida
		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>	Name	Address	Type of Action
MGR	Michelle R. Shassian	999 Douglas Avenue, Suite 1115 Altamonte Springs, FL 32714	■ Add
			□ Remove
		 	☐ Clunge
			Add
		 	□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
		 	□ Add
			☐ Remove
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			Add
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			□ Remove
			Change

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ective date, if other than the effective date is listed, the date mee: If the date inserted in this burnent's effective date on the I	ast be specific and cannot be block does not meet the ap	oplicable statutory filing	(optional) ore than 90 days after filing.) Purs requirements, this date will	mant to 605.020 not be listed a
record specifies a delaye he 90th day after the red		t not an effective ti	me, at 12:01 a.m. on t	he earlier c
od October 30	2019	<u></u> ,		
	1	~ 1		

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Typed or printed name of signee

Filing Fee: \$25.00