

(Reque	stor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/Si	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to Filin	ng Officer:	





04/08/24--01025--014 **25.00





COVER LETTER

TO: Registration Sec Division of Corp			•
SURJECT: EF	ES3, LLC Name of Limit	3	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	EUGENE KEN	Name of Person	IANAGER
		Firm/Company	
		Firm/Company	
	9182 WILDERN	HESS PASSACE Address	
	CHAERIN FA	City/State and Zip Code 1 TLLC, NET o be used for future annual report notif	44623
For further information c	oncerning this matter, please ca		
EUEFAE KENA	LETH KOOS, MAN	Area Code Daytime	C758 Telephone Number
Enclosed is a check for the	ne 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)
			<u>6</u> 5

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EES3, LLC (Name of the Limit	-		
(Name of the Limit	(A Florida Limited I	ny as it now appears on or Liability Company)	<u>ir records.</u>)
The Articles of Organization for this Limited L			J
Florida document number <u>4036000</u> 4			,
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:		
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
	<u></u>		
 If amending the registered agent and/or in agent and/or the new registered office address. 	ss here:		·
	REMEN	EDALENTS,	ENC CORPFILINGS, LCC
Name of New Registered Agent:	DAVID RUB	ERTS: SUNSIHWE	CORPFILINGS, LLC
New Registered Office Address:	7901	4th ST. M. Enter Florida str	STE. 360
			Florida 33702 Zip Code
New Registered Agent's Signature, if changing			ny com
hereby accent the appointment as register			ity. I further garge to example with

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		□Change	
		🗆 Add	
			□Remove
		□Change	
			□Add
		□Remove	
			Change
			□Remove
			□Change
			□Add
		TALLALIA SECENTIALIA	Change B
		Channe	

		
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(If an effecti Note: If	date, if other than the date of filing:	
the record s cord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
Dated	3/29/2024. 2024.	
	20 =	المآده
		- 1
	Signature of a member or authorized representative of a member	न समस्य १ जिल्ला
	Signature of a member of authorized representative of a member EUGENE VEHHETH COS Typed or printed name of signee	- mare

agent@floridaregisteredagent.com on behalf of Sunshine Corporate Filings LLC <agent@floridaregisteredagent.com> . -

Friday, March 29, 2024 3:11 PM

<u>.</u> Sent: From:

Subject:

Thank You for Your Order with Sunshine Corporate Filings LLC

SEC. LA SUSCIEL FL

2024 APR -8 PM 3: 29

Dear Eugene,

Thank you for placing your order with us

compliance support, and a lifetime of guidance and local expertise for your business. Hiring a professional registered agent is a smart business investment to secure privacy protection, simple accessibility & convenience,

Your registered agent service is now available and should be listed as:

Address: 7901 4th St N STE 300 Name: Registered Agents Inc

St. Petersburg, FL 33702

Authorized individual on behalf of the Registered Agent: David Roberts

Your Order Details:

Order placed on Mar 29, 2024

Registered Agent Service in Florida

Using Your Account:

Use your online account to make a filing, monitor company documents, pay an invoice, access your registered agent information, and so much more.

https://www.floridaregisteredagent.com/client-login/