

L05 0000 87466

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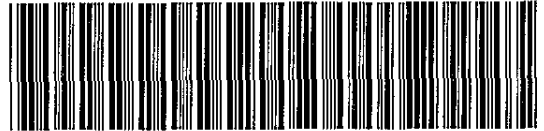
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESPI INVESTMENT GROUP
(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:

RICHARD A. ESPINOSA
(Name of Person)

ESPI INVESTMENT GROUP, LLC
(Firm/Company)

8004 NW 154TH STREET SUITE 403
(Address)

MIAMI, FLORIDA 33016
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RICHARD A. ESPINOSA at (305) 821-3970
(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**

ESPI INVESTMENT GROUP, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 09/06/2005 and assigned
document number L05000087466.

SECOND: This amendment is submitted to amend the following:

ARTICLE V DELETE: MILAGROS SUAREZ, MGR.

ARTICLE V ADD: RICHARD ESPINOSA, MGR

CHANGE REGISTER OFFICE TO : 8004 NW 154TH STREET SUITE 403 MIAMI, FLORIDA

Dated OCTOBER 2, 2005.



Signature of a member or authorized representative of a member

RICHARD A. ESPINOSA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: ESPI INVESTMENT GROUP, LLC
2. The mailing address of the limited liability company is : 8004 NW 154TH STREET SUITE 403
MIAMI, FLORIDA 33016

09/06/2005 L05000087466
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

RICHARD A. ESPINOSA
Name
8004 NW 154TH STREET SUITE 403
Address
MILAGROS SUAREZ
City, State and Zip

6. The name and address of the new registered agent and/or office:

RICHARD A. ESPINOSA
Name
8004 NW 154TH STREET SUITE 403
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33016
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

N/A
(Signature of a member or authorized representative of a member)

RICHARD A. ESPINOSA
(Printed or typed name of signer)

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 608, 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.

[Signature]
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00**