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SECRETARY OF STATE

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	he Essenta (Name of Limi	al Enterprises ited Liability Company)	LLC
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
		ESAR Gener	 .
		(Firm/Company)	
	260 0	(Address)	4
	Key 1	Size FL 3 (City/State and Zip Code)	3149
For further information co	oncerning this matter, please ca	all:	
(Name o	Gomez f Person)	at (<u>365</u>) 361-010. (Area Code & Daytime T	Selephone Number)
Enclosed is a check for the	e 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

FILED
. ~ O HPR 20 PM
SECRETARY OF STATE TALLAHASSEE FLORIDA

(Ne Issente (Name of the Limited I	Liability Company Florida Limited Lia	vas it now appears on bility Company)	our records.)	- FLORIDA
The Articles of Organization for this Limited Lia Florida document number <u> </u>	bility Company w	vere filed onMa	rch 25,2009	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ity company here:		
The Essential P The new name must be distinguishable and end with	roducts	Enterpri	ses, Lha	S
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company,"	the designation "LLC	" or the abbreviation
Enter new principal offices address, if applica	ble:	SAME,	No change	2
(Principal office address MUST BE A STREET	ADDRESS)	SAME,		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			
B. If amending the registered agent and/or the new registered off			records, enter the	name of the new
Name of New Registered Agent:	SAM	e, no che	ance	
New Registered Office Address:		(Enter l	Florida street addre	ess)
			, 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 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.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title ` Name | **Address Type of Action** ☐ Add ☐ Remove ☐ Add Remove 🗖 Add Remove _ Add _ Add Remove _ Add _ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) No other changes or agreeous ments. Dated Murch 26 Signature of a member of authorized representative of a member Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00