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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 29 PM 3:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESPO LLC
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:

Michael Wild
Name of Person
Wild Ferice + Pardo, PA
Firm/Company
101 N Pine Island Rd, Ste 201
Address
Plantation, FL 33324
City/State and Zip Code
MWILD@WFLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Wild at (954) 944-2855
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

FILED
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DIVISION OF CORPORATIONS
12 MAR 29 PM 3:59

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ESPO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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12 MAR 29 PM 3:59

The Articles of Organization for this Limited Liability Company were filed on 2/5/10 and assigned
Florida document number L10000013795.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michael D. Wild

New Registered Office Address:

101 N Pine Island Rd, Ste 201

Enter Florida street address

Plantation
City

, Florida

33324
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEVEN LANKARGE	311 SE 3 RD STREET, #107 DANIA BEACH FL 33004	
MGRM	RICHARD ESPOSITO	311 SE 3 RD STREET # 107 DANIA BEACH FL 33004	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MARCH 22, 2012

Steven Lankarge
Signature of a member or authorized representative of a member

STEVEN LANKARGE
Typed or printed name of signee