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DIVISION OF CORPURATIONS

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COVER LETTER

10: Registration Sc Division of Cor			
	ESTMENTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	E. DAVID BENSADON		
		Name of Person	
	ESAN INVESTMENTS, I	J.C	
		Firm/Company	
	20855 NE 16TH AVE., SU	ЛТЕ С12	
		Address	
	MIAMI, FL 33179		
	edbensadon@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ration)
For further information c	concerning this matter, please ca	alt:	
E. DAVID BENSADON		786 558-2233	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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)
	ING ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

`ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESAN INVESTMENTS, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records. Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L11000011755 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab		Juled PH 12: 23 ISION SOFT CONTROL SONS
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" 19523 NE 17 AVE	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33179	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME N.S AR	ω√€
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		 -
	Enter Florida street address	
	, Flor	
	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 = M $AMBR = M$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			🖸 Add
			Remove
			☐ Change
			☐ Remove
			Change
			OF Charges:
			Change DIVISION OF Regnove PH 12: 23 Change Addes
			Change
			☐ Remove
		-	Change
			Remove
			□ Change

). If amending any	other information, enter change(s) here: (Attach o	additional sheets, if necessary.)	
			
		17 JUL	\neg
		N OF CS	
		OIKISION OF CORIJONS	<u>C</u>
		23 23	ı
			
(If an effective date is Note: If the date i	other than the date of filing:	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (3 y filing requirements, this date will not be listed as th	3)(b) ic
f the record speci b) The 90th øay	ies a delayed effective date, but not an effec after the record is filed. $igwedge$	tive time, at 12:01 a.m. on the earlier of:	
Dated	Signification a magnification and horized represe	Station of a manufacture	
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Page 3 of 3

Filing Fee: \$25.00