

L11000053498

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11 OCT -5 AM II: 34

SECRETARY OF STATE
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COVER LETTER

TO: Registration S Division of Co			•	
SUBJECT:	GIN CITY CON	SERVANCY MGT., L	LC	
SUBJECT.		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
	K	KARL A. BURGUNDER		
		Name of Person		
	Firm/Company			
	1490	1490 SWANSON DR. STE 200		
		Address		
		OVIEDO, FL 32765 City/State and Zip Code		
	E-mail address:	karl@cfbizlaw.com (to be used for future annual report	notification)	
For further information	concerning this matter, please	call:		
KARL A. BURGUNDER Name of Person		at (<u>407</u>) Area Code & Da	366-3555 ytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl-	Sectificate of Status & Certificate Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section		STREET/CO Registration Se	URIER ADDRESS:	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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GIN CITY CONSERVANCY MGT., (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) 05/05/2011 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L11000053498 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ESR MANAGEMENT, LLC 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:

New Registered Office Address:

Enter Florida street address

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 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

Title <u>Name</u> <u>Address</u> Type of Action **MGRM** PETER K. PARTLOW 34 E. PINE ST ✓ Add Remove ORLANDO FL 32801 MGRM JAMES S. BASSETT 34 E. PINE ST **✓** Add ORLANDO, FL 32801 Remove ☐ Add Remove Add Remove ∐Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ARTICLE V IS ADDED, TO WIT: "THE PURPOSE FOR WHICH THIS LIMITED LIABILITY COMPANY IS ORGANIZED IS: ANY AND ALL LAWFUL BUSINESS." SEPTEMBER 28 2011 Dated Signature of a member or authorized representative of a member PETER K. PARTLOW Typed or printed name of signee

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Filing Fee: \$25.00