

L11000066240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

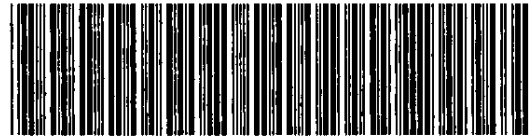
(Business Entity Name)

(Document Number)

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2012 DEC -4 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
DEC 6 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESO FAIRWAYS 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:

ORI TAL

Name of Person

ESO EQUITY GROUP LLC

Firm/Company

813 N. ATLANTIC AVE

Address

COCOA BEACH FL 32931

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ORI TAL

Name of Person

at (321) 783-5252

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

ESO FAIRWAYS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 6/07/2014
Florida document number L11000066240

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2014 DEC -4 AM 8:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

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)

813 N. ATLANTIC AVE
COCOA BEACH FL
32931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

813 N. ATLANTIC AVE
COCOA BEACH FL
32931

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:

TC PROPERTY MANAGEMENT LLC

New Registered Office Address:

813 N. ATLANTIC AVE

Enter Florida street address

COCOA BEACH, Florida 32931
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 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>
MGRM	Cosned LLC	29033 SILVER CREEK RD	<input type="checkbox"/> Add
		ALHOURA CA 91301	<input checked="" type="checkbox"/> Remove
		—	
MGRM	HAIM, YHOSEF	KASHTAN 3	<input type="checkbox"/> Add
		HAIFA, ISRAEL	<input checked="" type="checkbox"/> Remove
		34984 XXXX	
MGRM	ESD EQUITY GROUP LLC	813 N. ATLANTIC AVE	<input checked="" type="checkbox"/> Add
		COCOA BEACH FL 32931	<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
		—	

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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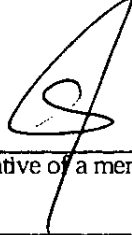
FILED
Add
Remove

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

~~_____

_____~~

Dated December 3, 2012.



Signature of a member or authorized representative of a member

ORITAI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2012 DEC -4 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA