

L120000013296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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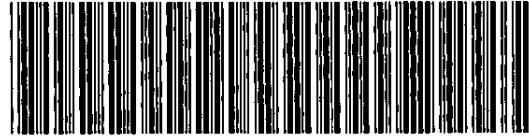
(Business Entity Name)

(Document Number)

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FILED
2012 OCT -9 AM 11:48
TALLAHASSEE, FL 32301
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
TALLAHASSEE, FL

J. BRYAN

OCT 10 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESSEL MARKETING UNLIMITED, 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:

Weston Spicer

Name of Person

ESSEL MARKETING UNLIMITED, LLC

Firm/Company

455 NE 5TH Avenue #D311

Address

Delray Beach, FL 33483

City/State and Zip Code

therealestateguy@att.net

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Weston Spicer

Name of Person

at (561)

910-5599

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ESSEL MARKETING UNLIMITED, 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 01/27/2012 and assigned
Florida document number L12000013296.

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:

455 NE 5th Avenue #D311

(Principal office address MUST BE A STREET ADDRESS)

Delray Beach FL 33483

Enter new mailing address, if applicable:

455 NE 5th Avenue #D311

(Mailing address MAY BE A POST OFFICE BOX)

Delray Beach FL 33483

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:

455 NE 5th Avenue #D311

Enter Florida street address

Delray Beach

Florida

33483

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

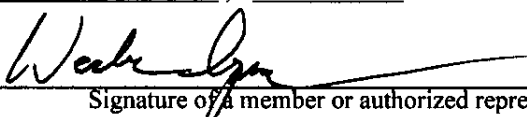
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Weston Spicer	900 E Atlantic Avenue #7 Delray Beach FL 33483	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Weston Spicer	455 NE 5th Avenue #D311 Delray Beach FL 33483	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)*

FILED
 2012 OCT -9 AM 11:48
 DEPT OF REVENUE
 HALL COUNTY, GA

Dated 10/5/12



 Signature of a member or authorized representative of a member
Weston Spicer

 Typed or printed name of signee