# L/3000/59702

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	ry/State/Zip/Phone	- #N
(Cit	yrotaterzipri none	<del>2 11)</del>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Ďo	cument Number)	
O errol Octob	0-46	f O4 - h
Certified Copies	_ Certificates	s of Status
	ric or	
Special Instructions to	Filing Officer:	
	•	
	DEC 1 8 2	2013
	a Lili	7;

Office Use Only



12/09/13--01042--005 \*\*25.00





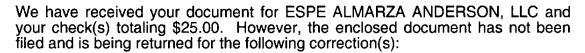
### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 11, 2013

ESPE ALMARZA ANDERSON 11566 CLACKMOOR DR. ORLANDO, FL 32837

SUBJECT: ESPE ALMARZA ANDERSON, LLC

Ref. Number: L13000159702



The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 813A00028180

# **COVER LETTER**

TO: Registration Secti Division of Corpo					
SUBJECT:	ESPE ALMAN Name of Limited L	ZA ANDERSON Liability Company	LLC		
The enclosed Articles of Ar	nendment and fee(s) are submitte	ed for filing.			
Please return all correspond	ence concerning this matter to the	ne following:			
	<u>Espe</u>	ALMANZA ANDE Name of Person	mson		
		Firm/Company		2013 0	M. over gar
	11564 BLA	Address  FL 32837  ty/State and Zip Code  CFL, NN · Comused for future annual report notification		2013 DED 16	3 
	Dunnog	FL 32837 ty/State and Zip Code			;
	EALMANZA & E-mail address: (to be	CFL. NN · Comused for future annual report notification	on)	es es	
	cerning this matter, please call:	\			
ESIE ALMA Name of P	NTA ANDERSON erson	at ( 407, 421-60  Area Code & Daytime Te	lephone 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 F Certificate of Certified Cop (additional co	Status & y	ed)

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

ESPE ALMANZA F	NDETISON	LLC		
(Name of the Limited Liability Company of (A Florida Limited Liab	ility Company)	recorus.)		
The Articles of Organization for this Limited Liability Company we Plorida document number $\frac{L/3}{DDO}/5970$ $\Rightarrow$	re filed on	3-13	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company here:			
ESPENANZA M. ALMANZA A	NDERSON	LLC		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the	designation "LLC	" or the abbr	eviatio
Enter new principal offices address, if applicable:		<del></del>		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	<u> </u>	
· .				
·		(,) (,)	<u>an</u>	in which
Enter new mailing address, if applicable:		[17]	· ==	· ' ''y''
(Mailing address MAY BE A POST OFFICE BOX)		, 4. 	. 325 	
<u>-</u>			دن	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here;	address on our reco	ords, enter the	name of fl	ie nev
Name of New Registered Agent:				
New Registered Office Address:	Futer Flori	ida street addres.		
	271107 2 1071		•	
	City	_, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent!	•		-	

New Registered Agent's Signature, it 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> **Address Type of Action** Add Remove Remove Remove Add Remove

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
-		
-		
d	12-5-13	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member  ESPE ALMANZA ANDEMSON	
	Typed or printed name of signee	—
	Page 3 of 3	
	Filing Fee: \$25.00	क्ष्य लाह
		Œn
	retain	II.
		 ငသ အေ