17000176078

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	<u></u>
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COVER LETTER

TO: Registration Section Division of Corpor	
E&S B	rands LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Ernesto Rodriguez Leyva
	Name of Person
	E&S Brands LLC
	Firm/Company
	5401 Collins ave #430
	Address
	Miami Beach, FL, 33140
	City/State and Zip Code
-	ernesto.rodriguez@esbrands.com E-mail address: (to be used for future annual report notification)
For further information cond	cerning this matter, please call:
Ernesto Rod	riguez Leyva _{at (} 305 ₎ 457-2009
Name of Po	
Enclosed is a check for the f	following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

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- x ·	N Krar	เกรา	

company has been notified in writing of this change.

(<u>Name of the Lim</u>	(A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I Florida document number L13000176038	iability Company were filed on 1.	2/23/2013	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with the	words "Limited Liability Company," the	e designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	PA. CC.	(F)
Enter new mailing address, if applicable:		- 4 - 4	2
(Mailing address MAY BE A POST OFFICE	BOX)		#K.3k
		935.	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the	name of the nev
Name of New Registered Agent:	Ernesto Rodriguez Leyv	'a	
New Registered Office Address:	5401 Collins ave #430		
New Registered Office Paddiess.	Enter Flo	orida street address	
	Miami Beach	, Florida <u>3314</u> ()
N D 14 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	City	Z	ip Code
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the	per and complete performance o gistered agent as provided for in	f my duties, and I am famil Chapter 605, F.S. Or, if th	liar with and is document is

Page 1 of 3

If Changing Registered Agent, Signature of New R

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ernesto Rodriguez	5401 Collins ave #430	
		Miami Beach, FL, 3314	O_■ Remove
MGRM	Ernesto Rodriguez Leyva	5401 Collins ave #430	 ■ Add
		Miami Beach, FL, 33140	O_□ Remove
			□.∆dd □ Remove
			Add □ Remove

effective date must be specific, cannot be prior to date of receipt or filed date a date this document is filed by the Florida Department of State)	(optional) d cannot be more than 90 days after
ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date a date this document is filed by the Florida Department of State) red February 13th 2014	
effective date must be specific, cannot be prior to date of receipt or filed date a date this document is filed by the Florida Department of State)	
effective date must be specific, cannot be prior to date of receipt or filed date a date this document is filed by the Florida Department of State)	
effective date must be specific, cannot be prior to date of receipt or filed date a date this document is filed by the Florida Department of State)	
February 13th 2014	
5U	
Comb Deg	,
Signature of a member or authorized rep	esentative of a member

Page 3 of 3

Filing Fee: \$25.00