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COVER LETTER

TO: Registration Sect Division of Corpo			et in the
SUBJECT: Edo	ie Essa.	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	•
Please return all correspond	ence concerning this matter	to the following:	ì
	.		
	Edward	Essa JA Name of Person	
		Name of Person	·
	5009/05	Elinan Firm/Company	_ .
a. ,		· · · · · · · · · · · · · · · · · · ·	~
	1/11 Lincul	n Road Suite	305
: *			
, ·	Migmi Be	City/State and Zip Code	
		to be used for future annual report notific	
	E-mail address: (1	to be used for future annual report notification	ation)
For further information con	cerning this matter, please ca	all:	
Edward Name of P	EIJA	at (305) SPP -	8838
Name of P	erson	Area Code Daytime T	elephone Number
		~~~	
Enclosed is a check for the	. /		
□ \$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)

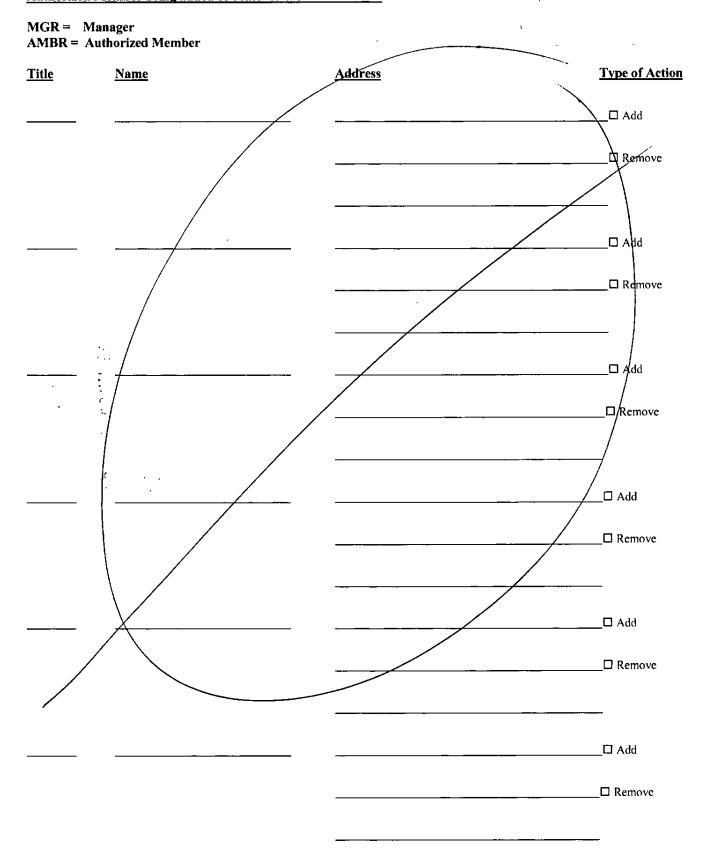
#### MAILING ADDRESS:

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

• 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:



# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Liability Compan)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L/4000004275</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  Edcsord FSSa SR L.L.C.  The new name must be distinguishable and end with the words "Limited Liabil	<del>,</del>
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	As -
Enter new mailing address, if applicable:	4 JAN 3D ECRETAR LLAHASS
(Mailing address MAY BE A POST OFFICE BOX)	EO A IO
	STATE STATE
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office 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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

D. If amending any other information, enter change(s) here:		•
only name chang	ge of L.L.C. to	<u>)                                    </u>
edward Essa st	L.L.C.	_
		<del></del>
<u> </u>		_
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or file the date this document is filed by the Florida Department of State)	(optional) ed date and cannot be more than 90 days after	_
Dated January 24 2014		
4/2/		- <u></u> -
	rized representative of a member	
Eduard Essa	<i>T1</i>	
Typed or printed	name of signee	
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	HA A	JAN 3
	S	$\lesssim$ $\omega$

Page 3 of 3

Filing Fee: \$25.00