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B. BOSTICK

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CORPORATE

When you need ACCESS to the world

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN	
	P	ICK UP: 6/30	
	CERTIFIED COPY		
X	РНОТОСОРУ	<u></u>	
	CUS		
X	FILING	Amendment	
1. <u>E</u>	SLOW DOOR OF THE AND E	ALLC DOCUMENT #)	
2. (C	CORPORATE NAME AND D	OCUMENT #)	C. 7
3. (C	CORPORATE NAME AND E	POCUMENT #)	
4. (C	CORPORATE NAME AND D	OCUMENT #)	
5. (C	CORPORATE NAME AND D	OCUMENT #)	
6. (C	CORPORATE NAME AND D	OCUMENT #)	
SPECIAL II	NSTRUCTIONS:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESEGARI 09, LLC			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lial	and assigned		
Florida document number L14000011086			
This amendment is submitted to amend the follow	281		
A. If amending name, enter the new name of t	<u>he limited liab</u>	ility company here:	
ESEGARI 09, LLC	. 3		
The new name must be distinguishable and end with the we	ords "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		15807 BISCAYNE BOUL	EVARD 🤳
(Principul office address MUST BE A STREET		STE 101	· · · 1
		N.M.B., FL 33160	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		15807 BISCAYNE BOUL	EVARD
		N.M.B., FL 33160	
B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent:			er the name of the ne
New Registered Office Address:			
		Enter Florida street address	
		, Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		-
I hereby accept the appointment as registered	agent and agr	ee to act in this capacity. I further o	geree to comply with th

If Changing Registered Agent, Signature of New Registered Agent

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.

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 = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			□ Remove		
			□ Remove		
			Add		
			□ Remove		
			5		
			☐ Remove		
			☐ Remove		
			U.J		
			□ Remove		

MGR-Ezra Segal	heets, if necessary.)
15807 Biscayne Boulevard	
STE 101	
N.M.B., FL 33160	
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State) Dated JUNE 27, 2014	(optional) e than 90 days after
Signature of a member or authorized representative of a member of of a	nember
LESLIE ALAN ROZENCWAIG, ESQ.	
Typed or printed name of signee	

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