L14 8000 79284

(Requestor's Name)
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(City/State/Zip/Phone #)
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14 MY 21 Att 9- 3: SEORE LANG STORING TALLAHASSEE, FLORIE

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: ESCA	LLC		
Sebster.	Name of Limi	ted Liability Company	
	mendment and fee(s) are subr	-	
Please return all correspond	dence concerning this matter t	to the following:	
	GUSTAVO M		
	ECCA II C	Name of Person	
	ESCA LLC	Firm/Company	
	20201 NE 29		
		Address	
	AVENTURA	, FL 33180	
	GUSTAVOMELG	City/State and Zip Code	
		o be used for future annual report notific	cation)
For further information con	ncerning this matter, please ca	dl:	
HENRY ME	LGAREJO	$_{\rm at}(305)724-46$	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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)
Registra	NG ADDRESS: tion Section of Corporations x 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESCALLO

(Name of the Limited Liability (A Florida L	y Company as it Limited Liability	now appears or Company)	our records.)			
The Articles of Organization for this Limited Liability Cor	ompany were f	iled on <u>05/1</u>	5/2014	an	d assi	gned
lorida document number L14000079284	_ .					
his amendment is submitted to amend the following:						
. If amending name, enter the new name of the limite	ted liability co	mpany here:				
he new name must be distinguishable and end with the words "Limit	nited Liability Co	mpany," the desi	gnation "LLC" or th	he abbreviat	ion "L	.L.C."
nter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDRE	ESS)					
nter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BOX)						·•
s. If amending the registered agent and/or registe egistered agent and/or the new registered office addre		ddress on ou	ur records, <u>ent</u>	er the na	ame (of th
Name of New Registered Agent:						-3 -22 F
New Registered Office Address:				5.	平 3	1 12 tes
		Enter Florida	street address	io⊤i m=i m _{es}	7629) Jangara
	Ci		, Florida	Zin (Br. Gode	j'nær
ew Registered Agent's Signature, if changing Registered		-v			(A)	ا تونو _{نگار} وا

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	GUSTAVO MELGAR	20201 NE 29 CT	≣ Add
		D112	_□ Remove
		AVENTURA, FL 33180	_
			□ Add
			Remove
			
			□ Add
			□ Remove
		ALLA ALLA A	Add
		ASSEC FLORIDA	
			_
			_□ Add
			_□ Remove

f amending any other information, enter change(s) here: (Attach additional sheets	s, if necessary.
rective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than date this document is filed by the Florida Department of State)	(optional) 90 days after
MAY 19TH 2014	
Signature of a member or authorized representative of a member	er .
CARLOS ABRATE Typed or printed name of signer.	

Page 3 of 3

Filing Fee: \$25.00

14 MAY 21 AM 9: 32
SECRETARY OF STATE
TALLAMASSEE, FLORIDA