# L14000019284

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# **COVER LETTER**

	gistration Sec vision of Corp		, , , , , , , , , , , , , , , , , , , ,	,
SUBJECT:	ESCA LLC	<b>;</b>		
		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	Æ
		MARTIN I. BODZIN, ESC	).	
			Name of Person	<del></del>
			Firm/Company	
		18205 BISCAYNE BOULI	EVARD, SUITE 2201	
			Address	****
		AVENTURA, FLORIDA 3	33160	
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifica	ition)
For further i	nformation co	ncerning this matter, please ca	di:	
MARTIN I.	BODZIN		305 931-5000 at ( )	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 I	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:

TO:

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

FILED 2015 OCT 19 PM 2: 16

**ESCA LLC** 

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 15, 2014 and assigned Florida document number  $\underline{L14000079284}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

### 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GUSTAVO MELGAR	20201 NE 29TH COURT #D112	□ Add
		AVENTURA, FL 33180	■ Remove
			☐ Change
·			Add
			□ Remove
			☐ Change
			☐ Remove
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If an effe Note: 1	ve date, if other than the date of filing:  OCTOBER 2, 2015  (optional)  retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated _	OCTOBER 2 , 2015 .	
	Signature of a member or authorized representative of a member	
	CARLOS ABRATE	
	Typed or printed name of signee	

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Filing Fee: \$25.00