L14000118837

| (Requestor's Name) |
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| |
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Seemess 2.ms, Herms, |
| (Document Number) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only

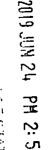


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S. TALLENT JUL 0 5 2019





COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|---|--|---|---|
| SUBJECT: ES | 5 7 V System Name of Limite | 2 S, LLC ed Liability Company | |
| The enclosed Articles of Am | endment and fee(s) are subm | nitted for filing. | |
| Please return all corresponde | nce concerning this matter to | the following: | |
| | VICA | KI GERRISH | |
| | | Nume of Leavi | |
| | | Firm/Company | |
| | 251 | 19 Sandy Cay | <u>/</u> |
| | ue. | St falm Brach, City/State and Zip Code in Sheholmail. | <u>, 4/ 3341</u> / |
| - | E-mail address the | en She holmail | CON V |
| For further information conc | - | 1: | |
| Vicki G | | at (561) 162 | 5850 |
| Name of Pe | rson | Area Code - Daytime | : Telephone Number |
| Enclosed is a check for the fo | ollowing 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) |

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 ESTV Systems, LLC

| 25, V 393K" | J, Line |
|--|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) |
| (A Florida Limited Lia | bility Company) |
| The Articles of Organization for this Limited Liability Company w Florida document number 44000118837 | ere filed on 7/28/3014 and assigned |
| This amendment is submitted to amend the following: | |
| This attendition is subtracted to affected the following. | |
| A. If amending name, enter the new name of the limited liability | ty company here: |
| | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company "the designation "L1.C" or the abbreviation "L.L.C." |
| The new haine mass of distinguishable and contain the words. Sinned Education | |
| Enter new principal offices address, if applicable: | 2519 Sarry Cay |
| (Principal office address MUST BE A STREET ADDRESS) | West falm Beach, 71 3341 |
| | |
| | |
| | |
| Enter new mailing address, if applicable: | 2519 Sardy Cay |
| (Mailing address MAY BE A POST OFFICE BOX) | 2519 Sardy Cay West falm Black, JL 33411 |
| The state of the s | |
| | |
| | |
| B. If amending the registered agent and/or registered offi | |
| 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 Zip Code: , 🔻 |
| New Registered Agent's Signature, if changing Registered Agent: | 77.0 83 |
| | 7.00 2. |
| I hereby accept the appointment as registered agent and agree | ? to act in this capacity. I further agree to comply wide th |
| provisions of all statutes relative to the proper and complete p | |
| accept the obligations of my position as registered agent as probability fleet as all agents as the project and office of | |
| being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | auress, i nereby confirm that the timuea tiability |
| Company has ocen nonfice 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 | ERIC Spencer | 3111CoHancecod Bend | |
| | | #1701 | Remove |
| | , | 7+Myers,71 33505 | Change |
| MCR | Vicki Gerrish | 2519 Sandy Cay | Add |
| - | | 2519 Sandy Cay West Palm Black 71 | Remove |
| | | 33411 | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | . | | Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | □ Change |

| | iding any other information, enter change(s) here: (Attach additional Sheets, ty necessary.) |
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| (If an effe <u>Note:</u> | ve date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated _ | June 19 . 2019 Jake L. Seguide Signature of a member or authorized representative of a member |
| | VICKI R CIERRICA Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00