14000118837

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COVER LETTER

SUBJECT:	Division of Corporations		
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Vic	KI GERRISH Name of Person	
		Firm/Company	
	25	19 Sandy Cay	
		est fuln Beach City/State and Zip Code	1, 11 33411
	VICKIO	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	,
		at (561) 162	5850
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)

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		
(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 712012014 Florida document number 44000118837	4 and assig	ā
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.	٦.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) [September 1986]	Cay ach, H3	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) West fair Black	Cay ch, H_ 331	_ _ <u>\</u>
B. If amending the registered agent and/or registered office address on our records, entering the registered agent and/or the new registered office address here:	nter the name o	1
Name of New Registered Agent:	1883 1	
New Registered Office Address:		!
Enter Florida street address	0.77 6.	
Florid	r com Si	

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 comple provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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

Zip Code

City

MGR = Manager AMBR = Authorized Member **Title** Name **Address** Type of 1 ERIC Spencer 3111 CoHonword Bund □ Add Rema 7+ Myers, 71 33905 _ Chan; MGR Vicki Genish 2519 Sandy Cay Lilst Palm Block,71 33411 Chan; □ Add Remo Remov ☐ Change □ Add ☐ Remov ☐ Change ☐ Add ☐ Remove ☐ Change

reach person be

or removed from our records:

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Attach additional sheets, if necessary.)

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Filing Fee: \$25.00