L14000118837

(R	equestor's Name)
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(C	ity/State/Zip/Phone #)
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FEB 2 7 2020 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	VICKI (Derrish, LLC ted Liability Company	<u></u>
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	V	CKI Garrish Name of Person	
		Firm/Company	
	25	19 Sandy	Cay
	Wes	+ Palm Bea City/State and Zip Code	ch, 7L 33411
	VICKAL E-mail address: (t	o be used for future annual report notifi	ail.com
For further information co	ncerning this matter, please ca	all:	
VICKI (Person	at (54) 762 Area Code Daytime	-5850 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF O	ORGANIZATION _ S
O	F Selection 20
	IN A LLC STORY OF THE LAND OF
The Articles of Organization for this Limited Liability Company	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Florida document number $\underline{L14000118837}$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
ES † V Systems The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3111 Cottonwood Bend #1701 Ft. Myers, 71 33905
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Elovida
	, Florida City Zip Code

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 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
Mac	VICKI Gerrish	2519 Sandy Cay West Palm Beads, JL	□Add
3		West Palm Beach, JL	Kemove
		334,	/
My	Tric Spercer	3111 Cottonwood Ber	Z ZX400
		41701	□Remove
		Ft. Myers, 7L 33905	
			□Add
			□Remove
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If an et Note:	ive date, if other than the date of filing: (optional) fective 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 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e reco ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	1/27 200 Viche Skarish
	Signature of a member or authorized representative of a member Compared to the compared to
	11 0 K 1 1 70 KT 1 5 K

Filing Fee: \$25.00