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EXAMINER

COVER LETTER

SUBJECT: SMART EFSM L. Name o	L C Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
THE LAW FIRM 625 A Atlant	Name of Person Mor Freperick R Short JR Firm/Company Hantic Blvd. Address City/State and Zip Code Tess: (to be used for future annual report notification) ase call:
For further information concerning this matter, ple	ase call:
FRED SHORT Name of Person	ase call: at (904) 853-6268
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee Certificate of Sta	

MAILING ADDRESS:

Registration Section •
• Division of Corporations

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

SHART EFSM LL (Name of the Limited Liability Com (A Florida Limite	<u>C</u> pany as it now appears on our records d Liability Company)	<u>r.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on	0/4 and assigned
Florida document number <u>214000130827</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
ESML LLC		
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	•	
		P. 6
		24 F
Enter new mailing address, if applicable:		Ma 3 M
(Mailing address MAY BE A POST OFFICE BOX)		76 4
		3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have been addressed agent and/or the new registered office addressed agent and/or registered agent and/or the new registered agent and/or registered agent and/or the new registered agent agent agent agent and/or the new registered agent		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
		orida
	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
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D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.	 		
		<u> </u>		
(The et	IR Short h			
	Signature of a member or authorized epresentative of a member FREOERICK R. SHORT JR. ATTORNEY Typed or printed name of signee Flabar # 112965		_ _	
		SECRETARY O	14 NOV 24 P	

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Filing Fee: \$25.00