114000135185

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



500322237245

12/26/18--01023--010 **23.00



Millnd

JAN 09 2019

I ALBRITTON

COVER LETTER

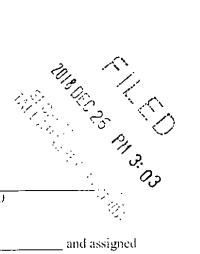
TO: Registration Section Division of Corporations						
enn mere.		STMENT LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		ADAM DROR				
			Name of Person	<u></u>		
			Firm/Company			
		1423 SE 10TH STREET, SUITE I				
		CAPE CORAL, FL 33990	Address			
		droradam01@gmail.com	City/State and Zip Code			
			to be used for future annual report no	(fication)		
For further in	aformation c	concerning this matter, please c	all:			
KEDEM ILZ	AN		239 573-8667 at ()			
	Name c	oï Person	Area Code Daytii	ne Telephone Number		
Enclosed is a	check for t	he following amount:				
■ \$25,00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fifing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registr	JNG ADDRESS: ration Section on of Corporations	STREET/COUR Registration Section Division of Corpo			

P.O. Box 6327 Tallahassee, FL 32314

.TO:

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ES4 INVESTMENT LLC

company has been notified in writing of this change.

(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 08/28/2014	and assigned
Florida document number L14000135185		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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:	17830 ENGLE ROAD, UNIT 14	
(Mailing address MAY BE A POST OFFICE BOX)	MIDDLEBURG HEIGHTS, OH 441.	30
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Florida	
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I at	n familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
MGR	GEORGE NAKHLE	17830 ENGLE ROAD, UNIT 14 MIDDLEBURG HEIGHTS OH 44 130	= Add
			Remove
			Change
MGRM	ADAM YANIV	1423 SE 10TH STREET CAPE CORAL, FL 33990	Add
			■ Remove
			Change
MGRM	ADAM DROR	1423 SE 10TH STREET CAPE CORAL, FL 33990	■ Add
			□ Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change

, <u></u>		
		
		
(If an effective date is listed, the date Note: If the date inserted in the	n the date of filing:	(optional) illing or more than 90 days after filing.) Pursuant to 605.02 cory filing requirements, this date will not be listed
the record specifies a del) The 90th day after the		ective time, at 12:01 a.m. on the earlier
Dated	2018	
	Signature of a member or authorized repre	esentative of a member
ILAN KEDEM		
	Typed or printed name of	signee

Page 3 of 3

Filing Fee: \$25.00