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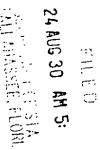
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ESMB, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Welissa Rothring Name of Person
Firm/Company
140 E. Water ford Dr. Address
Seneca SC 29672 City/State and Zip Code
Melroth a bell south net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa Rothring at (404) 547-5576 Name of Person at (404) Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S55.00 Filing Fee S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 1.500049</u> 1	were filed on $3.18.15$ and assigned 02
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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	140 E Waterford Dr. Seneca Sc. 29672
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	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	w.e.r.
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:

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

Andre A	attion ized iviember		
<u>Title</u>	Name	Address	Type of Action
AMBR	The Rothring Revocable Trust dated March	140 E. Waterford Dr.	🗹 🗖 Ádd
	22,2024	Seneca, SC 29672	□ Remove
			□Change
AMBR	Robert W. Rothning remain as managers	140 F. Waterford Dr Serreca, SC 29672	□Add
Ĺ	161410011 003	Seneca, SC 29672	DRe move
			_ Dehange address
AMBR	Melissa K. Rothring remain as managery	140 E. Waterford Dr. Senera, SC 29672	□Adđ
(remain as managers	Senera, SC 29672	
			_ Defiange address
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
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* By wa and m	y of explanation, Mel anagers. We desire th	riss a & Robert are 50/50 he Trust to own the LLC er, we will both continue he website, However our changed to the address about Address	DAdd OWNES DRemove
as Who	ters, as indicated on 4	he website, However our	□Change
Dersa	In all addresses have a	changed to the address about address	ove and

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Dated 8.21 Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated _	8.21 2024
Signature of a member or authorized representative of a member		$\Omega I = 0$
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		and the Colors

Filing Fee: \$25.00