

L150000 073 784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

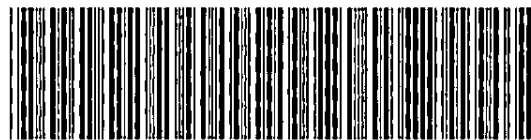
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 DEC 12 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2019

ESTER LLC
321 MONTGOMERY RD UNIT 166474
ALTAMONTE SPRINGS, FL 32714

SUBJECT: ESTER LLC
Ref. Number: L15000073784

We have received your document for ESTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 719A00023861

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESTER 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:

DARIAN MCGILGUGH
Name of Person

Firm/Company

P.O. BOX 16314
Address

ALTAMONTE SPRINGS FL 32716
City/State and Zip Code

mlenhomes@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darian McGilgugh at (407) 702-5547
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

ESTER 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 04-27-2015 and assigned Florida document number L15000075784

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.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

7401 E COLONIAL DR
ORL FL 32807

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 160474
ATLANTA SPRINGFIELD
GA 30377

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DARIN MCCULLOUGH

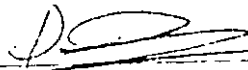
New Registered Office Address:

321 MONTGOMERY RD UNIT 160474
Enter Florida street address

ATLANTA SPRINGFIELD Florida 32714
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 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>	<u>Type of Action</u>
<u>P</u>	<u>DARIAN McCULLOUGH</u>	<u>P.O. BOX 160474</u>	<input checked="" type="checkbox"/> Add
		<u>Altamonte SP4S FL</u>	<input type="checkbox"/> Remove
		<u>32716-CITY</u>	<input type="checkbox"/> Change
<u>Registered Agent</u>	<u>ALI AKBARI</u>	<u>321 ALBANY RD</u>	<input type="checkbox"/> Add
		<u>ALTAMONTE SP4S FL 32714</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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