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(Requ	uestor's Name)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

TO: Registration Solivision of Con			
SUBJECT:	Esin Investment LLC		₩
30b/201.	Name of Lim	ited Liability Company	Collins of the second
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	Eq
	Rainer	N. Filthaut Name of Person	
		isanc of i cison	
	IRC Ir	ternational Realty Corp.	
	2 (2 42 42 42	Firm/Company	
	3838 T	amiami Trail N, Suite 416	
		Address	
	Naples	, FL 34103	
		City/State and Zip Code	
	rainer@	inter-realty.com	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Rainer N. Fi	ilthaut	at (239)213-4000	1
	of Person		e Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	
Registration Division of C		Registration Sec	
P.O. Box 632		Division of Cor The Centre of T	
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Esin Investmen	t LLC		0
(Name of the Limited Liab (A Flore	ility Company as it now appea da Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on _	06/09/2015	and assigned
Florida document number <u>L15000100164</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company h	ere:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>_</u>	
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			•
	<u>. — — — — — — — — — — — — — — — — — — —</u>		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		records, <u>enter the na</u>	me of the new register
igent and/or the new registered office address here.	•		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida 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 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>	Address	Type of Action
MGR	Verda DeEskinazis	3838 Tamiami Tril N, Suite 416	[3] Add
		Naples, FL 34113	□Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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un effec <u>ote:</u> If	e date, if other than the date of filing:
record is filed	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
	06/07/2020
ated _	
ated _	lan.
ated _	

Filing Fee: \$25.00