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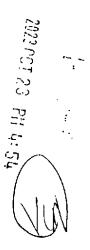
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COVER LETTER

TO:

Registration Section Division of Corporations

ESP FRAN	NCHISING SYSTEMS LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	DAVID BYCK		
	•	Name of Person	
	REPTAX PROFESSIONA	LS LLC	
	-	Firm/Company	
	8401 LAKE WORTH RD		
	 	Address	-
	LAKE WORTH, FL 3346	7	
		City/State and Zip Code	
	DAVE@REPTAXPRO.CO		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
DAVID BYCK		561 350-9278 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	any as it now appears on our records.)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>06/09/15</u>	and assigned
lorida document number L15000100394		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	8895 OLD PINE RD	
Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33433	د ح
		23 (
		(7)
Inter new mailing address, if applicable:	8895 OLD PINE RD	50 50
Mailing address MAY BE A POST OFFICE BOX)	Liability company here: Liability Company," the designation "LLC" of 8895 OLD PINE RD BOCA RATON, FL 33433 8895 OLD PINE RD BOCA RATON, FL 33433	
Tuning dualess Will be it i out of the boxy		
	-	• •
8. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		name of the new reg
		_

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
AMBR	BENJAMIN BARRICK	8895 OLD PINE RD	■Add
·		BOCA RATON, FL 33433	□Remove
			□Change
AMBR	SILVIA PUCCIO	8895 OLD PINE RD	□Add
		BOCA RTON, FL 33433	□ Remove
			\ Change
		_	
		-	□Remove
			□Change
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