DiazSilveira 1,305.873.8716

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000225340 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALVAREZ ARRIETA & DIAZ-SILVEIRA LLP

Account Number : 120130000001 : (305)740-1940 Phone Fax Number : (305)740-1941

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: mcuevas@aadslaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ES WESTON OPCO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

J SHIVERS

COVER LETTER

TO: Registration Se Division of Con	ection rporations		
CITE IN COM	OpCo, LLC		
NOBSECT,	Name of Lim	ited Liability Company	,
	Amendment and fee(s) are sub	J	
	Marta Cuevas		
		Name of Person	
	Alvarez Arrieta & Diaz-Si	lveira LLP	
		Firm/Company	
	1001 Brickell Bay Drive S	uite 2 10	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	menevas@aadslaw.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ea	all:	
Marta Cuevos		305 740-1956	
Name o	f Person	at () Area Code Daytimo	Telephone Number
Enclosed is a check for the	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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From Alvarez Arrieta DiazSilveira 1.305.873.8716 Fri Sep 18 13:57:24 2015 EDT Page 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ES Weston OpCo, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	us it now appears on our records,) ordity Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L15000152208	ere filed on September 10, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	у сотряну here:	
ES Creative II OpCo, LLC		
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)		
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ec address on our records, s	enter the name of the new
Name of New Registered Agent:		
Non-Desistand Office Address		St. St.
New Registered Office Address:	Enter Florida street address	53.47
	, Florie	and the second second
· · · · · · · · · · · · · · · · · · ·	City	Zip-Code "
New Registered Agent's Signature, if changing Registered Agent:		8 3
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac	rformance of my duties, and a swided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is

company has been notified in writing of this change.

From Alvarez Arrieta DiazSilveira 1.305.873.8716 Fri Sep 18 13:57:24 2015 EDT Page 4 of 5 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>	Name :	Address	Type of Action
			☐ Add
			□ Remóve
			□ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Add
			_ ☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			(T) (Thomas

	ch additional sheets, if necessary.)	
		,
		
		
		
		<u></u> _
	or the state of th	-
	: : [نځا دې
	2,	- :
	± ** • • • • • • • • • • • • • • • • • •	
	<u>Da</u>	
		တ္က 🦳 သ
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of l	(ODIIODAI) ,	
Note: If the date inserted in this block does not meet the applicable statu	tory filing requirements, this date will not	be listed as
document's effective date on the Department of State's records.		
he record specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the	earlier o
The 90th day after the record is filed.		
Dated September 14 2015		
Dated		
115:	TIME TO A COMPANY TO THE TOTAL TOTAL TOTAL TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTAL THE TOTAL	
Signante of a member or authorized repr	esentative of a member	

Page 3 of 3

Filing Fee: \$25.00