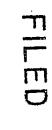
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COVER LETTER

TO:	Registration Se Division of Co	ection rporations			
SUBJE		A SERBATOI LLC			
CODGE		Name of Lin	nited Liability Company		-
		Amendment and fee(s) are sub ondence concerning this matter	_		
		NESHMED MORALES	CALERO		
			Name of Person		
		EMILIANA SERBATOI	LLC		
			Firm/Company		一部 3
		13351 SW 46TH ST			2018 HAR
			Address		-55 -5 -5
		MIAMI, FL 33175			61 an
			City/State and Zip Code		P 2: 3u
		NESHMED@GMAIL.COM			
For furth	ner information c	n-mail address: (to be used for future annual report not all:	lification)	
NESHM	1ED MORALES	.	786 448-7402		
	Name o	f Person	at () Area Code Daytin	ne Telephone Num	ber
Enclosed	l is a check for th	ne following amount:			
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
		ING ADDRESS: ration Section	STREET/COUR Registration Secti		:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMILIANA SERBATOI LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our rec ed Liability Company)	eords.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L15000198882</u> .	iny were filed on 11/25/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
E.S. AMERICA LI.C		
he new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
* **	· · · · · · · · · · · · · · · · · · ·	
<u>Principal office address MUST BE A STREET ADDRESS)</u>		
Enter new mailing address, if applicable:		. T∧ ⊗ 2a
Mailing address MAY BE A POST OFFICE BOX)		7 3 20 T
The second secon		
		80 5 F
3. If amending the registered agent and/or registered	office address on our room	rde enter the Barne of he
egistered agent and/or the new registered office address h		
		S. 12
Name of Name Designation of A		
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street add	tress
		Florida
	City	Zin 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 Type of Action **Address** Title <u>Name</u> □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change Add Remove Change ☐ Remove ☐ Change _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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e rece The	ord specifies a delayed effective date, but not an effect 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier o
ated _	FEBRUARY 27 2018	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00