## L16000000557

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## **COVER LETTER**

TO: Registration S Division of Co			· .
	LIATED LLC		
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOE EDWARD CARABI		
		Name of Person	<del></del>
	ESS AFFILIATED LLC		
		Firm/Company	<del></del>
	10001 NW 50TH ST, SUE	TE 104	
		Address	_
	SUNRISE, FLORIDA 333	351	
		City/State and Zip Code	
	JECBERGUES@GMAIL.C		
	E-mail address: (	(to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	· 0
JOE EDWARD CARA	BIA	954 533-9309 at ()_	
Name	of Person	Area Code Daytime Telephone Numb	her
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Addr		Street Address:	
Registration Division of	Section Corporations	Registration Section Division of Corporations	
P.O. Box 63	-	The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street. Suite	: 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ESS AFFILIATED 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 12/30/2015 and assigned Florida document number 116000000557 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 "LLC." 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) S 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: New Registered Office Address: Enter Florida street address \_, Florida City 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
VP	DANIEL GALIZIA	10001 NW 50TH ST	□Add
		STE 104	■Remove
		SUNRISE, FLORIDA 33351	☐ Change
			□ Add
			□Remove
		□Remove	
			□ Change
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fective date, if other than the Can effective date is listed, the date must ote: If the date inserted in this blooming the date on the Department's effective date on the Department.	be specific and cannot be prior to date of fi ck does not meet the applicable statut	(optionaling or more than 90 days after fill ory filing requirements, this days	a <b>l)</b> ng.) Pursuant to 605,020 ate will not be listed a
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:6	)1 a.m. on the earlier of: (b)	The 90th day after th
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1.16			

Filing Fee: \$25.00