

L16 000010541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

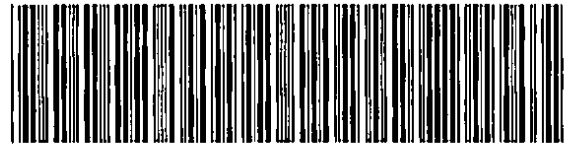
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05/28/18--01017--028 ++25.00

2019 JUN 13 10:10:46

Amend

JUN 13 2019

1 ALDRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESD PLUS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yuliya Pavlusenko

Name of Person

Firm/Company

4139 W Vine Street, ste 110

Address

Kissimmee FL 34741

City/State and Zip Code

yuliyaf11973@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yuliya Pavlusenko

407 729-4861
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ESD PLUS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 JUN 23 AM 10:46
FILED

The Articles of Organization for this Limited Liability Company were filed on 01/14/2016 and assigned
Florida document number L16000010541

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

same as on file

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)

12340 FITZROY STREET

ODESSA FL 33556

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12340 FITZROY STREET

ODESSA FL 33556

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:

SAME AS ON RECORDS

New Registered Office Address:

12340 FITZROY STREET

Enter Florida street address

ODESSA

Florida 33556

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GASHYMOV, ROMEL	12340 FITZROY STREET	<input type="checkbox"/> Add
		ODESSA FL 33556	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NONE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 23RD OF MAY 2019

Roniel Gashimov

Signature of a member or authorized representative of a member

ROMEL GASHYMOV

Typed or printed name of signee