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« COVER LETTER »

Div	usion of Corp	porations			
	ESBOBAR	FLORES ENTERPRISE, LLO			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter			
		Norma Escobar			
		 	Name of Person		· ····································
ESBOBAR FLORES EN			ERPRISES, LLC		
			Firm/Company		题 5 元
		5809 NW 48th Ave			FILTED PH S: 01
			Address		34 S
		Coconut Creek, FL 33073			語言の
			City/State and Zip Code		
		oyolov@hotmail.com			
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
Anibal Oyol	la		954 603-6075 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for the	e following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

MAILING ADDRESS:

Registration Section

TO:

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

ESBOBAR FLORES ENTERPRI	SE, LLC		
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited I	Liability Comp	any were filed on January 26, 2016	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited l	liability company here:	
ESCOBAR FLORES ENTERPRISE, LLC			
he new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		N/A	Tin -
Mailing address MAY BE A POST OFFICE	E ROX)		
Anning wanters 1277 DB 111 GB 1 G1 T1C	<u>, 2011/</u>		A TO
3. If amending the registered agent and			s, enter the name of the
egistered agent and/or the new registered of	office address	<u>nere</u> :	(원) (5)
Name of New Registered Agent:	N/A		. 및 로 으
New Registered Office Address:	N/A		
		Enter Florida street addres	ss
		, FI	orida
		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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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(If an ef Note:	tive date, if other than the ffective date is listed, the date me If the date inserted in this benent's effective date on the I	ust be specific and block does not m	cannot be prior eet the applic	able statutory		ays after filing.) Purs		
	ecord specifies a delaye e 90th day after the re		ate, but no	t an effecti	ve time, at 1.	2:01 a.m. on t	he ea	rlier of:
Dated	February 17		2016		\bigcirc			
Dateu		<u>,</u>	-					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00