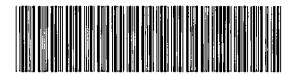
# 11600061325

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
_ \
PICK-UP WAIT MAIL
<i>J</i> \
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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NO

# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: One	Manager Nameor Limit	rent Group Lited Liability Company	<u>-LC</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nathan	Burn Name of Person	
	_	Manua ement	GroupLLC
	125 Han	non Mill Rd	
	Tallahass	ee/F13230	55
	escalle E-mail address: (1	City/State and Zip Code en +ers 9 gmail. C to be used for future deducal report notifi	6 m
For further information c	oncerning this matter, please ca	all:	
Name o	Byrn Person	at ( <u>455</u> ) <u>596-0</u> Area Code Daytime	o q q q e Telephone Number
Enclosed 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)	☐ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $3$ . Florida document number $\bot 16000001335$	-98-90[6] and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here  ESC Call Centers LLC  The new name must be distinguishable and contain the words "Limited Liability Company." the des	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	-2
Enter new mailing address, if applicable:	<u>:</u> دب
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:  Name of New Registered Agent:	ords, <u>enter the name of the new registere</u>
New Registered Office Address:  Enter Florid	a street address

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.

City

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
		□Add	
		□Remove	
			□Change

(if an el Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the liled.
Datec	D-09-21 2021
	11 /
	Signature of a member or authorized representative of a member