## 110000 146387

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del></del>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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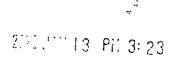
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## **COVER LETTER**

	ustration Se ision of Cor					
SUBJECT:	ESSENCE					
SUBJECT.			ited Liability Company			
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:  MICHAEL W. SKOP  Name of Person  MICHAEL WILLIAM SKOP, P.A.  Firm/Company  6808 GRIFFIN ROAD  Address  DAVIE, FL 33314  City/State and Zip Code  RNLAW22@AOL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MICHAEL SKOP  954 791-2514						
Please return	all correspo	ndence concerning this matter	to the following:			
		MICHAEL W. SKOP				
		<del></del>	Name of Person			
		MICHAEL WILLIAM SK	OP, P.A.			
			Firm/Company			
		6808 GRIFFIN ROAD				
		·	Address	· · · · · ·		
		DAVIE, FL 33314				
			City/State and Zip Code			
		-				
		E-mail address: (	to be used for future annual report not	ification)		
For further it	nformation c	oncerning this matter, please c	all:			
MICHAEL S	SKOP					
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
<b>■</b> \$25.00 F	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)		
	iling Addres gistration S		Street Address: Registration Sa	ection		
	_	orporations		Registration Section Division of Corporations		
	). Box 632		The Centre of	•		
Fal	lahassee, I	~L 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ESSENCE 17 LLC

company has been notified in writing of this change.

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

y were filed on <u>08/04/20</u>	and assigned	
bility company here:		
oility Company," the designa	ation "LLC" or the abbreviation "L.L.C."	
8925 NW 26 STREE	Т	
DORAL, FL 33172		
8925 NW 26 STREE	Т	
DORAL, FL 33172		
address on our record	ds, enter the name of the new register	
•		
Enter Florida st	reet address	
Florida		
City	Florida Zip Code	
<u>:</u>		
•	bility company here:  ility Company," the designates 8925 NW 26 STREE DORAL, FL 33172  8925 NW 26 STREE DORAL, FL 33172  address on our record	

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
			□Add
		<del></del>	Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Remove
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ffective d	ate, if other than	ı the date of fili	ng:			(optional)	
an effective <b>Sote:</b> If the	date is listed, the dat	e must be specific a nis block does not	nd cannot be pr I meet the app	licable statutory			fursuant to 605,0207 ill not be listed as
record spec d is filed.	cifies a delayed eff	ective date, but n	ot an effective	: time, at 12:01 a	n.m. on the earl	ier of: (b) The	90th day after the
ated	1/7		2020				
_				1 1/	7		
		Signature of	a member or au	phorized represent	ative of a memb	<u>:</u> r	<del>-</del>
		١ .	,				

Filing Fee: \$25.00