# 117000024742

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(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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D. SCOTT MAY 1 7 2017

# **COVER LETTER**

	ision of Corporations	
SUBJECT:	ESSO GROUP LIMITED LIABILITY COMPANY	
sobject.	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:	
	JUAN J PICASSO	
	Name of Person	_
	Division of Corporations  ESSO GROUP LIMITED LIABILITY COMPANY  Inclosed Articles of Amendment and fee(s) are submitted for filing.  The return all correspondence concerning this matter to the following:  JUAN J PICASSO  Name of Person  ESSO GROUP LIMITED LIABILITY COMPANY  Firm/Company  5358 NW 99 LN  Address  CORAL SPRINGS FL. 33076  City/State and Zip Code  JJPICASSO GMAIL.COM  E-mail address: (to be used for future annual report notification)  arther information concerning this matter, please call:	
	Firm/Company	-
	5358 NW 99 LN	
	ESSO GROUP LIMITED LIABILITY COMPANY  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following:  JUAN J PICASSO  Name of Person  ESSO GROUP LIMITED LIABILITY COMPANY  Firm/Company  5358 NW 99 LN  Address  CORAL SPRINGS FL. 33076  City/State and Zip Code  JJPICASSO  GMAIL.COM  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  SSO  Name of Person  At 4-7746  Area Code  Daytime Telephone Number  Certificate of Status,  Certificate of Copy  (additional copy is enclosed)  Certificate Opy	
		_
	JJPICASS GMAIL.COM	
For further ir	formation concerning this matter, please call:	-dy: =
JUAN PICA		<u></u>
	Name of Person Area Code Daytime Telephone Numbe	LED LED
Enclosed is a	check for the following amount:	7 23
□ \$25.00 F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy Ce	l Copy

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

ESSO GROUP LIMITED LIABILITY COMPANY		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company	were filed on $01\zeta31\zeta2017$ and assig	ned
orida document number L17000024742		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
IVIROMENTAL SERVICE SOLUTIONS ORGANIZATION LIN	IITED LIABILITY COMPANY	
new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.	C."
ter new principal offices address, if applicable:	5358 NW 99 LN	
rincipal office address MUST BE A STREET ADDRESS)	CORAL SPRINGS FL. 33076	
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered of		the r
ristered agent and/or the new registered office address her	<u> </u>	1
		芸
Name of New Registered Agent:		
New Registered Office Address:	30	
	Enter Florida street address	や
	, Florida	<u> </u>
	City Zin Colla 1	LU.

### 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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN J. PICASSO	5358 NW 99 LN, CORAL SPRING	
			□ Remove
			☐ Change
			Add
		<del> </del>	Remove
			□ Change
		<del> </del>	☐ Remove
		<del></del>	Change
			Add
			Remove  Change
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ffect	ive date, if other than the date of filing:
fan ef <b>Note:</b>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
locun	pent's effective date on the Department of State's records
	tom sometive date on the Department of State & records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	MAY 11TH 2017
Jaled	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00