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(Business Entity Name)				
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(Document Number)				
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COVER LETTER

TO: Registration Sec Division of Corp						
COPY XPR SUBJECT:	ESS, LLC					
Name of Limited Liability Company						
	Amendment and fee(s) are subsidence concerning this matter	_				
	CARLOS PAZ					
		Name of Person				
COPY XPRESS, LLC						
Firm/Company 12255 SW 257 TERRACE						
						Address
HOMESTEAD, FL 33032						
	City/State and Zip Code					
	allcorporatesolutions.acs@g E-mail address: (0	gman.com to be used for future annual report notific	cation)			
For further information co	ncerning this matter, please ca	all:				
CARLOS PAZ		786 286-0666 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

COPY XPRESS, LLC		
(Name of the Limited Liabi (A Flori	lity Company as it now appears on our records. da Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L17000026292	Company were filed on 02/02/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	EB 222
Enter new mailing address, if applicable:		A D
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flor	
	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>	Address	Type of Action
AMBR DAN	DANIEL PAZ	12255 SW 257 TERRACE	□ Add
		HOMESTEAD, FL 33032	■ Remove
			☐ Change
			Remove
			☐ Change
			Remove
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			☐ Change
			Add
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 or Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.0207 (3 ents, this date will not be listed as th
the record specifies a delayed effective date, but not an effective time, at 1) The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated	
Signature of a member or authorized representative of a member	er
CARLOS PAZ	
Typed or printed name of signee	

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Filing Fee: \$25.00