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S. YOUNG

COVER LETTER

TO:

Tallahassee, FL 32314

то:	Registration Se Division of Cor				
SUBJEC		SERAL SOLUTIONS LLC			
SUBJEA	., I i	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		ERNESTO R LLERANDI			
			Name of Person		
		E & S GENERAL SOLUT	TONS LLC		
			Firm/Company		
		4865 NW 171 ST			
			Address		
		MIAMI GARDENS FL 33055			
			City/State and Zip Code		
		ELLERANDI@YAHOO.C	OM to be used for future annual report not	itiontium	
For furth	ner information c	oncerning this matter, please c		incurvary.	
ERNES	TO R LLERANI	DI	954 559-1304		
	Name o	f Person	at () Area Code Daytim	ne Telephone Number	
Enclosed	d is a check for t	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 Addres		Street Address:		
	Registration S Division of C		Registration Se Division of Cor		
	P.O. Box 632		The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & S GENERAI	L SOLUTIONS LLC	80
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)	801 8
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned 5
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7820 W 2ND CT	
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH FL 33014	
Enter new mailing address, if applicable:	6216 NW 170 TER	
(Mailing address MAY BE A POST OFFICE BOX)	HIALEAH FL 33015	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	1
	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

Title	<u>Name</u>	Address	Type of Action
VP	Yissel Roque Olivera	6216 NW 170 TER	■Add
		HIALEAH FL 33015	□Remove
			□Change
AMBR Jose Ramon Quintan:	Jose Ramon Quintana Deulofeu	20039 NW 62ND AVE	= Add
		HIALEAH FL 33015	□Remove
			□Change
			□Add
			□Remove
		☐Change	
		 	□Add
			□Remove
			□Change
			□Add
		□Remove	
		□Change	
			Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an el Note:	tive date, if other than the date of filing: [10/27/2020] (optional) (flective 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 605.0207 (3)(4) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco ecord 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 filed.
Dated	OCTOBER 27
	Signature of a member or authorized representative of a member
	ERNESTO R LLERANDI
	Typed or printed name of signee

Filing Fee: \$25.00