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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| | the email address for this business entity to be used for fundant report mailings. Enter only one email address please.** | |
| | Fax Number : (305)444-4977 | , |
| | Phone : (305)444-4994 | |
| | Account Number : I20000000146 | |
| | Account Name : EXPRESS CORPORATE FILING SERVICE INC. | C. |
| From: | | . - |
| | 13% WOUNDEL (020/01/-0202 | ٠. |
| | Division of Corporations Fax Number : (850)617-6383 | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESPERANZA CONDO MANAGEMENT SERVICES, LLC

| Certificate of Status | 0 |
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| Page Count | 04 |
| Estimated Charge | \$25.00 |

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EXAMINER

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Corporate Filing Menu

Help

<u>[1]</u>

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ESPERANZA CONDO MANAGEMENT SERVICES,LLC | |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| (Name of the Limited Liability Company as it now (A Florida Limited Liability Com | appears on our records.) pany) |
| The Articles of Organization for this Limited Liability Company were filed | on 03/03/2017 and assigned |
| Florida document number L17000050015 | |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability compa | anv here: |
| he new name must be distinguishable and contain the words "Limited Liability Company, | "the designation "LLC" or the abbreviation "L.L-C." |
| nter new principal offices address, if applicable: | • • • • • • • • • • • • • • • • • • • |
| Principal office address MUST BE A STREET ADDRESS) | र न्यू इंद |
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| nter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| s. If amending the registered agent and/or registered office addre egistered agent and/or the new registered office address here: | ss on our records, <u>enter the name of the</u> |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | |
| Ens | er Flonda street address |
| | , Florida |
| Ciŋv | 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>Name</u> | Address | Type of Action |
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| ffective date, if other than the | date of filing: | (optional) |
| ote: If the date inserted in this bl | ock does not meet the applicable statutory: | or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed |
| ocument's effective date on the D | epartment of State's records. | |
| e record specifies a delayed The 90th day after the rec | | ive time, at 12:01 a.m. on the earlie |
| ated | 2013 | |
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| Totalgo | Signature of a member or authorized represent | tative of a member |