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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: ESS L	OF AND ASSOCIATE	REALLY LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	o the following:	
	GARRINGTON	Essue	
		Name of Person	
	well or the state	<u>.</u>	
	***************************************	Firm/Company	·
	2401 NW41AVE	£ 4403	
		Address	
,	LAUDERHIII F	City/State and Zip Code Ob Law be be used for future annual report notific	
	0	City/State and Zip Code	
	garyessurzeron	(00.600	
			cation)
For further information of	concerning this matter, please ca	II:	
Garringha	ESSUE OF Person	at (<u>754</u>) <u>214 - 77</u> Area Code Daytime	72 Telenhane Number
Name	ii i cisoli	Area Couc Daymine	
Enclosed is a check for t	he following amount:		
	•	<u></u>	
\$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

ESSUE AND ASSOCIAT			
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	ility Company were filed on 3/9/17	and assi	gned
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
ESSUE Property MANAGMEN	T AND REAL GSTATE LLC s "Limited Liability Company," the designation "LLC" or the		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.I.	C."
Enter new principal offices address, if applicabl	e:		
Principal office address MUST BE A STREET A	ADDRESS)		
Trincipal office address WOST BE A STREET A	HDDALSS)		
Futou navy mailing adduces if gualisable.			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u> </u>	154 25 Feb.	
		- T-	
		HAR	•
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ent	<u>er the name o</u>	of the new
egistered agent and/or the new registered office	e address nere:		
			\$ ******
Name of New Registered Agent:			i, .
N. B. C. LOSS ALL			
New Registered Office Address:	Enter Florida street address		
	, Florida		
-	, Florida _	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> </u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			
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n effective da o te: If the d	re, if other than the date ate is listed, the date must be late inserted in this block affective date on the Depart	specific and cann does not meet t	he applicable	late of filing or e statutory fil	more than 90 cing requireme	_ (optional) lays after filing ents, this date	.) Pursuant	to 605.0 be listed
	pecifies a delayed ef day after the record	is filed.					on the	earlie
	2/12/10							
ted	3/17/18 Glyni Garryghn							

Page 3 of 3

Filing Fee: \$25.00