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| (Requestor's Name) |
|---|
| (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: |
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COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
|---|--------------------------------------|--|---|--|--|
| ************************************ | ESS ESS ZI | | | | |
| SUBJECT:Name of Limited Liability Company | | | | | |
| The encl | losed Articles of a | Amendment and fee(s) are sub | nitted for filing. | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | |
| | | Garret T. Barnes, Esquire | <u> </u> | _ | |
| | | | Name of Person | | |
| | | Barnes Walker, Goethe, Pe | rron & Shea, PLLC | | |
| | | | Firm/Company | · | |
| | | 3119 Manatee Avenue We | st | | |
| | | | Address | | |
| | | Bradenton, FL 34205 | | | |
| | | | City/State and Zip Code | | |
| | | gbarnes@barneswalker.con | | | |
| | | | o be used for future annual report no | uncation) | |
| For furt | her information co | oncerning this matter, please ca | all: | | |
| Geri Th | nomas, FRP | | 941 741-8224, at () | ext. 1170 | |
| | Name o | f Person | Area Code Dayti | me Telephone Number | |
| Enclose | d is a check for th | ne following amount: | | | |
| □ \$ 25 | 5.00 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 | ection | |
| | Division of C | Corporations | Division of Co | orporations | |
| | P.O. Box 632 Tallahassee, 1 | | The Centre of | Tallahassee oc Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | ESS ESS Z | EE, LLC | | | |
|--|--|---|----------------|------------|-------------|
| (Name of the Limi | ited Liability Compa (A Florida Limited I | ny as it now appears on our records liability Company) | <u>.</u>) | | |
| The Articles of Organization for this Limited L | | were filed on April 10, 2017 | | and assig | gned |
| Florida document number L17000079703 | · | | | | |
| This amendment is submitted to amend the fol | lowing: | | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | | | |
| N/A | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | ity Company," the designation "LLC" | or the abbrevi | ation "L.L | .C." |
| Enter new principal offices address, if appli | cable: | | | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | | | |
| | | | | ~.3 | |
| | | | L | | |
| 0 4 28 4 13 4 2 4 6 2 2 15 2 15 2 15 2 15 2 15 2 15 2 15 | | | | 2 | |
| Enter new mailing address, if applicable: | | | • . | | · |
| <u>Mailing address MAY BE A POST OFFICE</u> | E BOX) | | | ထ | |
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| | | | | بب | |
| 3. If amending the registered agent and/or | registered office a | address on our records, <u>enter t</u> | | the new | register |
| agent and/or the new registered office addre | ess here: | | **** *** | 0. | |
| | | | | | |
| Name of New Registered Agent: | N/A | | <u> </u> | | |
| | | | | | |
| New Registered Office Address: | | Enter Florida street address | · | | |
| | | | | | |
| | | , Flo | rida | ip Code | |
| | | Cur | | p cone | |

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 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> | <u>Address</u> | Type of Action |
|--------------|-----------------|------------------------------|---|
| AMBR | SHVETA CHOWDHRY | 4424 West El Prado Boulevard | = Add |
| | | Tampa, Fl. 33629 | □Remove |
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| Effective date, if other than the date of filing: | (optional) |
| Note: If the date inserted in this block does not meet the applicable | statutory filing requirements, this date will not be listed as |
| document's effective date on the Department of State's records. | |
| | • |
| e record 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 |
| rd is filed. | |
| Dated Queinest 17 . 3port. | |
| Dated Chinest / | |
| ///2 | |
| Signature of a member or authorize | d representative of a member |
| · | |
| Garret T. Barnes, Esquire - Authorized Representative o | |
| Typed or printed na | ame of signee |

Filing Fee: \$25.00