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## **COVER LETTER**

TO: Registration Section Division of Corp			
SUBJECT: ESCA	160, LLC Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Mac Daves		
		Name of Person	
	ESCARGO, LL	C	
		Firm/Company	
	2093 LAKE	Address	Deve
	TAMPA, FL	336/3 City/State and Zip Code	VIN 1: walder@gmail.com
	macdavis 21	7 Outlook . com/der o be used for future annual report notif	vin 1. walder@gmail.com
For further information cor	ncerning this matter, please ca	H:	
Mac Davis		at ( <u>717)</u> 369 -	- 86 <u>55</u>
Name of r	erson	Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	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

ESCARGO, I.C.		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our re- a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L17-ODO 9643</u> (	•	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETATIVE SECRETATION OF THE PROPERTY OF THE
B. If amending the registered agent and/or registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:	r Fl · I	
	Enter Florida street aa	
	City	. 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 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 Type of Action Title Address Name BRANIFY JUSEPH 12321 N. 974 AMBR TAMPA, FL 33612 ☐ Remove ☐ Change MECHAEL D. SUCARICHI 440X W. OKLAHOMA AVE. AMBR □ Add TAMPA, FL 33616 ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add

□ Remove

☐ Change

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