

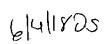
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06/01/18--01012--024 **30.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ESCORCIA Real Estate Services, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Escorcia William Escorcia LLC Firm/Company
Firm/Company
Firm/Company 124 NW Swann Mill Cucle Address
PSL, FL 34986 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William Escorcia at (772) 249-6280 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\int \text{\$30.00 Filing Fee & Certificate of Status}\$ \$\int \text{\$\$25.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$ \$\int \text{\$\$30.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number 41800005924/ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: William Escorcia LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: MY (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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>	Address	Type of Action
MGR	William Escorcia	124 NW Swann Hill psil, FL 34986	Circle
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ective date, if other than the effective date is listed, the date in the tet. If the date inserted in this tument's effective date on the	ust be specific and cannot block does not meet t	he applicable statutor	ng or more than 90 days af	tional) ter filing.) Pursuant to 605.020 his date will not be listed as
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record specifies a delay he 90th day after the re	ed effective date, ecord is filed.	but not an effec	tive time, at 12:01	. a.m. on the earlier o
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Filing Fee: \$25.00