

118000125104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

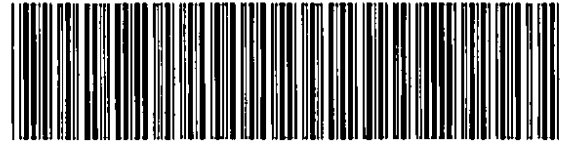
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 DEC 12 PM 1:25  
FALLENBERRY LODGE

D. BRUCE  
DEC 12 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2018

CADE SALBER  
10851 ISLAND GROVE RD  
CLERMONT, FL 34711

SUBJECT: ESL ULTIMATE SERVICES LLC  
Ref. Number: L18000125104

We have received your document for ESL ULTIMATE SERVICES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 318A00022178

2018 DEC 12 PM 1:29

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ESL ULTIMATE 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:

CADE SALBER  
Name of Person

ESL ULTIMATE SERVICES LLC  
Firm/Company

10851 ISLAND GROVE RD  
Address

CLERMONT FL 34711  
City/State and Zip Code

CHRIS @ CLASSARY . COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CADE SALBER at (352) 988-3467  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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

RECEIVED  
TALLAHASSEE, FLORIDA  
2011 DEC 12 PM 1:29

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ESL ULTIMATE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/18/2018 and assigned  
Florida document number 1004 L18000125104

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)

10851 ISLAND GROVES ROAD  
CLERMONT FL 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**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:

CADE SALBER

New Registered Office Address:

10851 ISLAND GROVES ROAD

Enter Florida street address

CLERMONT

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.

Cade Salber

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELICS LEITNER	10301 S Hwy 27	<input type="checkbox"/> Add
		UNIT 188	<input checked="" type="checkbox"/> Remove
		CLERMONT FL 34711	<input type="checkbox"/> Change
MGR	CADG SALBER	10851 ISLAND GROVE	<input checked="" type="checkbox"/> Add
		CLERMONT FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2018 DEC 12 PM 1:59  
CLERMONT, FL 34711  
CLERMONT, FL 34711

2011 DEC 12 PM 1:29  
FALCON/507 11/10/07

FIL  
2010 DEC 12 PM 1:29  
FBI/DOJ/SCT  
A 3  
71-6107

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the 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 record is filed.

Dated 12/3/2018 12/3 2018

*Gloria Venz*  
Signature of a member

Signature of a member or authorized representative of a member

ERIC LEITNER

Typed or printed name of signee