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SECRETART OF SATIONS DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations
SUBJECT: EStopped Essentials, 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:
Femary Diaz Name of Person
Estoppel Essentials, LLC Firm Company
24801 SW 129 COUT Address
Princeton, FL 33032 City/State and Zip Code
estoppel estentials of amal (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FCMAN Diuz at (305) 713-0805 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$Certificate of Status \$\Bigc

Registration Section

TO:

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

<u>Estoppel Essentials, ll</u>	0	
Name of the Limited Liability Co (A Florida Limi	impany asit now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	nany were filed on	and assigned
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 1	.iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
er e		AM IC
Enter new mailing address, if applicable:		<u>교 환</u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registere	d office address on our records, enter	the name of the nev
registered agent and/or the new registered office address	ines e.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	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>Title</u>	Name	Address	Type of Action
MGR	Hargarita Diaz	10700 SW 31 Street	X Add
	J	H10mi FL 33105	Remove
			☐ Change
			Add
			☐ Remove
			Change
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f ective date, if other I n effective date is listed, th <u>xte:</u> If the date inserted	e date must be speci	ific and cannot b	e prior to date of applicable stat	tiling or more the utory filing requ	an 90 days after fili	ng.) Pursuant to 60:	5.020 ted a
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The 90th day after			at not an ex				
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ned July 17	<i>U</i>	\sim .					

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Filing Fee: \$25.00