118000186058

•
(Requestor's Name)
•
(Address)
(Address)
(
(City/State/Zip/Phone #)
(City/State/Zip/Fitone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Serumed Copies
Special Instructions to Filing Officer:

Office Use Only



100331596081

07/25/19--01013--023 **85.00

2019 JUL 25 TH 6: 41

Manuchy

JUL 30 2019

I ALBRITTON

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	ESJ SL ST. CLOUD,	LLC		
SUBJECT.	Name of Lim	ited Liability Company		
•				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Arnaud	Sitbon Name of Person		
		Name of Person		
	ESJ ASSI	ET MANAGEMENT, LLC		
		Firm/Company		
	199	50 W. COUNTRY CLUB I	DR., Ste 800	
		Address		
		AVENTURA, FL 33180		
		City/State and Zip Code		
		vc@esj.us		
	E-mail address: (to be used for future annual r	eport notification)	
For further information c	oncerning this matter, please c	all:		
Varinia Carrera	ı	at (_305)	6005001	
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
区 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	Certifica osed) Certified	te of Status &
Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec. FL 32314	Registratio Division o Clifton Bu 2661 Exec	/COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESJ SL ST. CLOUD, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 08/03/2018 The Articles of Organization for this Limited Liability Company were filed on_ and assigned Florida document number L18000186058 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ESJ SL Northridge, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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.

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 Type of Action Name <u>Title</u> Address

		 🗆 Add
		🗆 Remove
		 □ Change
		Remove
		 Change
		Remove
	\mathcal{O}_{I}	Change
		Remove
		Change
		🗆 Remove
		Change
		Q Add
		 Remove
		Change

ii amenu	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	<u>-</u>
/ _	
lf an effecti <u>Note:</u> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of the day after the record is filed.
Dated	Jul 24th
	S LAD
	Signature of a member or authorized representative of a member
	EST Capital Partuers, it's manager Elie Mimoun
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00