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2021 JAH II PH I: 03

2/17/21

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ESSICIA Adve L. C. 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:	
Jessich Jones	
Name of Person	
Firm/Company	
1224 Elberta Dr Address	
TAILA HASSEE, F. L. 373C4 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (850) 427-1140 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Solution Sta	atus &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	<u>(0143.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	1.l.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		2021
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		3 0
	-1	0
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>en</u>	
New Registered Office Address:	Enter Florida street ad	leben an
	rnier Florida street ad	(U E3)
		Florida
iew Registered Agent's Signature, if changing Registered Agent	•	zą cina
hereby accept the appointment as registered agent and agrownships of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this capacity. It performance of my duties provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

f 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> </u>	<u>Name</u>	<u>Address</u>	Type of Action
#UBL	Jacqueine Holt	TAllahaisce, FL 32304	KAdd
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ve date, if other than t	ne date of filing:	(optional)
ctive date is listed, the date n	nust be specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
	Department of State's records.	ming requirements, this date with not be listed
l specifies a delayed effec	eive date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after t
ed.		
	D 0	
DECEMBER	<u> 2</u> . <u>2020</u> .	
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Jesni	Signature of a member or authorized representa	ative of a member

PILL P. CAR OA