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C. GOLDEN FEB - 4 2020

## **COVER LETTER**

SUBJECT:		ESS TEAM LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		James Zolman		
			Name of Person	
		MY SUCCESS TEAM LL	С	
		·····	Firm/Company	
		19046 BRUCE B. DOWN	S BLVD.	
			Address	, , <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
		TAMPA, FL 33647		
			City/State and Zip Code	
		arp@mysuccessteam.com		
		E-mail address: (1	o be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
James Zolm	an		208 520-0818	
	Name o	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	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

Registration Section
Division of Corporations

TO:

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



MY SUCCESS TEAM LLC			
(Name of the Lim	ited Liability Compat (A Florida Limited L	y as it now appears on our record lability Company)	<u>v.</u> )
The Articles of Organization for this Limited I	Liability Company	were filed on <u>09/11/2018</u>	and assigned
This amendment is submitted to amend the fol	lowing.		
A. If amending name, enter the new name	J	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if appli			
(Principal office uddress MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			, enter the name of the new
Name of New Registered Agent:	Mike Williams		
New Registered Office Address:	19046 BRUCE I	B. DOWNS BLVD	
		Enter Florida street address	T .
	Tampa		orida <u>33647</u>
		Cin	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.

f 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>	Address	Type of Action
MGR	James Zolman		
		19046 BRUCE B. DOWNS BLVD. TAMPA, FL 33647	■ Remove
			Change
MGR	Mike Williams	19046 BRUCE B. DOWNS BLVD. TAMPA, FL 33647	B Add
			□ Remove
			□ Change
			Add
			☐ Remove
		<del></del>	☐ Change
			□ Add
			□ Remove
			Add
			Remove
			☐ Change
		<del></del>	□ Add
			☐ Remove
			Change

•	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing:  flective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	12/12/19
	Signature of amember or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00