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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ESVA Group 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:

Fiorella Salinas  
Name of Person

ESVA Group  
Firm/Company

7955 NW 12 St. Ste 312  
Address

Doral, FL 33126  
City/State and Zip Code

fiorellasalinas@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fiorella Salinas at 386 580-3773  
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



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>
<u>P</u>	<u>Josse Vargas</u>	<u>7955 NW 12St. Ste 312</u>	<input type="checkbox"/> Add
		<u>Doral FL 33126</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>VP</u>	<u>Vordany Esterlich</u>	<u>7955 NW 12St. Ste 312</u>	<input type="checkbox"/> Add
		<u>Doral, FL 33126</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 FILED  
 ADD  
 REMOVE  
 CHANGE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lined area for amendments, crossed out with a diagonal line.

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STATE OF CALIFORNIA  
DEPARTMENT OF REVENUE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 November 14<sup>th</sup> 2018

Fiorella Salinas  
Signature of a member or authorized representative of a member

Fiorella Salinas  
Typed or printed name of signer