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TO:

Registration Section Division of Corporations

Exterra Caj	pital LLe		
	Name of Lim	ited Liability Company	
l Articles of	Amendment and fee(s) are sub	mitted for filing.	
all correspo	ondence concerning this matter	to the following:	
	Alan Esquenazi		
		Name of Person	
	Exterra Capital		
		Firm/Company	
	10805 Golden Eagle Ct.		
		Address	
	Plantation, Fl. 33324		
	_	City/State and Zip Code	
	aesquenazi@erec.com		
	E-mail address: (to be used for future annual report not	ification)
iformation c	oncerning this matter, please co	all:	
azi		305 854-7342	
Name of Person		Area Code Daytin	ne Telephone Number
check for th	ne following amount:		
filing Fee	Zi \$30.00 Filing Fee & Certificate of Status	☐ \$55,00-Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
gistration S	Section	<u>Street Address:</u> Registration Se	
	-	Division of Co	-
			e Street, Suite 810
	Articles of all correspondent all correspondent all correspondent are all correspondent	Alan Esquenazi Exterra Capital 10805 Golden Eagle Ct. Plantation, Fl. 33324 aesquenazi@cree.com E-mail address: (aformation concerning this matter, please cazi Name of Person check for the following amount: Tiling Fee	Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Alan Esquenazi Name of Person Exterra Capital Firm/Company 10805 Golden Eagle Ct. Address Plantation, Fl. 33324 City/State and Zip Code aesquenazi@cree.com E-mail address: (to be used for future annual report not afformation concerning this matter, please call: azi Name of Person Area Code Dayting check for the following amount: Tiling Fee Certificate of Status Certified Copy (additional copy is enclosed) Cling Address: gistration Section Cision of Corporations Copy Box 6327 Registration Sc. Centre of The C

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Exterra Capital LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears o nited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000278516</u> .	pany were filed on 12-19	2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here	
Alan A. Esquenazi LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
		ZOIS DEC
Enter new mailing address, if applicable:		8 7
(Mailing address MAY BE A POST OFFICE BOX)		- 100 No. 100
B. If amending the registered agent and/or registered off	Saa addrass on our rano	
agent and/or the new registered office address here:	nce address on our reco	rds, enter the hame of thosew registere
		≥
Name of New Registered Agent:		
New Registered Office Address:		
The Winds Address.	Enter Florida	street address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my t as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	City gent: agree to act in this cap blete performance of my t as provided for in Cha	, Florida, Zip Code Zip Code acity. I further agree to comply with duties, and I am familiar with and pter 605, F.S. Or, if this document i

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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□ Add
			Remove
			□ Change
			□Remove
			□Add
			□Remove
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ffactive d	date, if other tl	han tha data a	f filing:			(on)	tional)	
an effective ote: If th	e date is listed, the	date must be specin this block doc	rific and cann is not meet t	he applicabl		ore than 90 days aft	er filing.) Pursuant to this date will not be l	
	ecifies a delaved	effective date.	but not an e	fective time	, at 12:01 a.m. (on the earlier of: ((b) The 90th day a	fter the
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is filed.	ember 19		. 20	19	•			
l is filed. Dece			· 20	19				
l is filed.		Sinds		····	od representative	at'a mombar		
Lis filed.		Signatu		····	ed representative	of a member		