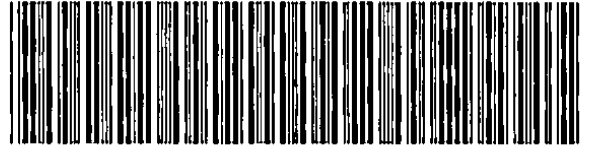


L19000011539



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02/14/19--01008--001 \*\*55.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF MICHIGAN  
CLERK OF CIRCUIT COURT

FEB 19 2019

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ESPLENICO SERVICES 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:

RAY ANTONIO PEREZ ACOSTA

Name of Person

ESPLENICO SERVICES LLC

Firm/Company

1837 55TH ST SW

Address

NAPLES, FL 34116

City/State and Zip Code

rayperez3995@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAY ANTONIO PEREZ ACOSTA

at ( 239 ) 384-1002

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2019 FEB 14 PM 2:13

ESPLENICO SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

REC. STATE  
FILED

The Articles of Organization for this Limited Liability Company were filed on 01/09/2019 and assigned  
Florida document number L19000011539.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

RAY ANTONIO PEREZ ACOSTA

**(Principal office address MUST BE A STREET ADDRESS)**

1837 55TH ST SW

NAPLES, FL 34116

**Enter new mailing address, if applicable:**

RAY ANTONIO PEREZ ACOSTA

**(Mailing address MAY BE A POST OFFICE BOX)**

1837 55TH ST SW

NAPLES, FL 34116

**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:**

RAY ANTONIO PEREZ ACOSTA

**New Registered Office Address:**

1837 55TH ST SW

*Enter Florida street address*

NAPLES

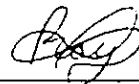
, Florida 34116

*City*

*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.*



**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>	<u>Address</u>	<u>Type of Action</u>
MGR	RAY ANTONIO PEREZ ACOSTA	1837 55TH ST SW NAPLES, FL 34116	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAUL PEREZ	2373 55TH TERRACE SW NAPLES, FL 34116	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Lined area for amending information.

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 FEBRUARY 02, 2019

Handwritten signature of Ray Antonio Perez Acosta

Signature of a member or authorized representative of a member

RAY ANTONIO PEREZ ACOSTA

Typed or printed name of signee