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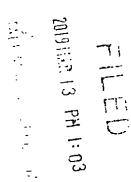
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ESSI SCHU  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:
Seneca James
Name of Person
Firm/Company
9340 n. 56th St Suite 220E
Temple Terrace FL 33617 City/State and Zin Code
Essisentuagmail com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Geneca James 11803,980.377.4
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

#### 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

Essi Sent U	ill		
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on our reability Company)	ecords.)
The Articles of Organization for this Limited I	iability Company v	vere filed on Ol 11	and assigned
This amendment is submitted to amend the fol	lowing.		
A. If amending name, enter the new name	of the limited liabil	ity company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	F ROX)		30
intuing dutiess may be a tost of the	<u>. 1074</u>		.0
			ω
B. If amending the registered agent and registered agent and/or the new registered			cords, <u>enter the name of the nev</u>
Name of New Registered Agent:	D/A_		
New Registered Office Address:		Enter Florida street o	uddress
			_, Florida
		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>	Name	Address	Type of Action
MGR	Geneca James	8747 n. 30th st	Add
		apt A	Remove
		Tampa, FL 33604	Change
AMBR	Senera James	8747 n. 30th St	B Add
		ap+A	□ Remove
		Tampa, FL 33604	Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			<b>_</b>
			Remove
			Change

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.	D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing:		
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m. Febana 25 2019		er of:
Dated 12.0 1900 . OOT 1.	Dated February 25. 2019.	
Dan	Don	
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee