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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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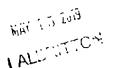


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## **COVER LETTER**

	gistration Sec vision of Corp		,	
SUBJECT:		E SOUTH HOLDINGS, LLC		
300000		Name of Limi	ited Liability Company	
The enclose	ed Articles of 7	Amendment and fee(s) are subt	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		GAEL BERIRO, ESQ.		
			Name of Person	
		GAEL BERIRO, P.A.		
			Firm/Company	
		205 WORTH AVENUE, S	SUFTE 307 1	
		<u></u>	Address	
		PALM BEACH, FL. 33480	0	
			City/State and Zip Code	
		gael@berirolaw.com		
		E-mail address: ()	to be used for future annual report notifi-	cation)
For further	information co	oncerning this matter, please ca	all:	
Gael Beriro			561 835-4611 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e 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

100 PH 100 POLK LANE SOUTH HOLDINGS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04-05-2019}{1}$ and assigned Florida document number 1.19000094929 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHAWN KRUK		
		4068 FOXHOUND DRIVE CLERMONT, FL 34711	≅ Remove
			Change
MGR	POLK LINE SOUTH MM, LLC	PO BOX 446 LAUREL, NY 11948	
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			☐ Change
			□ Remove
			☐ Change
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effective date is li	ited, the date must be specif	ie and cannot be prior	to date of filing or m	ore than 90 days afte	r filing.) Pursuant to 605,	020
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	Signature	of a membyr or auth	orized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00