# L19000161043

(Req	uestor's Name)	<del></del> ,
(Add	ress)	·
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(City	/State/Zip/Phone	e #)
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#### **COVER LETTER**

Div	ision of Corpo	rations		
SUBJECT:	ESNE LLC			
30 <b>0</b> 3001,		Name of Limit	ted Liability Company	
The enclosed	l Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	ence concerning this matter to	o the following:	
		JOHN T ESSLINGER		
Name of Person				
		ESNE LLC		
			Firm/Company	
		4572 SW 14 STREET		
			Address	
		DEERFIELD BEACH, FL	33442	
			City/State and Zip Code	<del></del>
		noeliareo@gmail.com		
		E-mail address: (to	o be used for future annual report notifi	cation)
For further in	nformation con	cerning this matter, please ca	II:	
JOHN T ES	SLINNGER		954 464-4747 at ()	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 F	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:

TO:

**Registration Section** 

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

ESNE LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 06/24/2019	and assigned
Florida document number L19000161043		
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 I	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
-		(0. 8)
		7AC
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		SSS P
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B. If amending the registered agent and/or registere	d 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:		
New Registered Office Address.	Enter Florida street address	_
	F1	i.i.
	, Flor	Zin 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>	Type of Action
MGR	NOELIA E DECOUD	4572 SW 14 STREET DEERFIELD BEACH, FL 33442	
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			Change
			□ Remove
		<del></del>	Change
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Effective date, if other than the date of filing:	05.0207 isted as
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear The 90th day after the record is filed.	lier of
Dated JULY 09 . 2019	
Signature of a member or authorized representative of a member	
JOHN T ESSLINGER	