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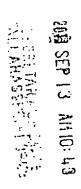
(Re	equestor's Name)	
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(Cir	ty/State/Zip/Phone	#1
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:ES	pinesa Manage Name of Line	ement Sclutions inted Liability Company	LLC	SE ON ON
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		¥
	Ama	Name of Person		
	Espinesa 1	Management Solu Firm/Company	tions LLC	
	52921	VW 192 LN Address		
	Miami CVI Fapi	City/State and Zip Code City/State and Zip Code Coho-time Com to be used for future annual report noti	GCSS-	
For further information of	concerning this matter, please c			
Amauris	ESP, NUSG of Person	at (TPC) <u>651</u> Area Code Daytim	- /C 5 e Telephone Number	-
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$6 Certified Copy (additional copy is	tatus &
Ú				

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

ESPINUSCI Name of the Limited	(anagerr Liability Company A Florida Limited Liab	nert Solutions it now appears on on on only Company)	records.)	THE THE
The Articles of Organization for this Limited Lia		ere filed on $8//2$	19	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liabilit	v company here:		
Enter new principal offices address, if applical (Principal office address MUST BE A STREET)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	- 			
B. If amending the registered agent and/or the new registered offi		e address on our	records, <u>enter the</u>	name of the new
Name of New Registered Agent:	Amau	CYS Espin	losc,	
New Registered Office Address:	5292	NW 1912 L Enter Florida stre	-GNE et address	
	Miami	Garden	, Florida <u>33</u>	OSS

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>	Address	Type of Action
MGR	Amaurys Espinosa	\$	AC.
			☐ Remove
		5292 MU192 LN Hiami 6	acden bechange
			□ Remove
			☐ Change
			D Add
			Remove
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			Remove
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			Add
			Remove
			Change
	<u></u>		🖸 Add
			□ Remove
			Change

if an ci Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	September 7th 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00