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Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2021

RICARDO ESTEVEZ 8700 FRONT BECH ROAD #10106 PANAMA CITY BEACH, FL 32407

SUBJECT: ESTEVEZ SERVICES GROUP, LLC

Ref. Number: L19000254915

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00003411

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Sec Division of Corp	porations			
SUBJE	cr.	Estevez	SEVUICES of Limited Liability Company	GROVE, UC	(ESS
SOBIL	CI:	Name o	of Limited Liability Company	, , , , , ,	_ (_ /
The enc	losed Articles of a	Amendment and fee(s) a	re submitted for filing.		
Please r	eturn all correspoi	ndence concerning this n	natter to the following:		
		LE	SUE ESTEVE Name of Person	EZ	
			Name of Person		
			ESG, LCC Firm/Company		_
			206 FRONT B		#10106
			Address		_ `
		PAT	MANA CITY BE City/State and Zip Code	ACH PC 32	2407
		E-mail add	Iress: (to be used for future annua	<u> E 6M-47 L . C o </u> Il report notification)	M
For furt	her information ec	oncerning this matter, plo			
	1 - 7 1	15 537514	-2 95U	549 40	<i>11</i>
	Name of	f Person	at (954) Area Code	Daytime Telephone Numb	oer
Enclose	d is a check for th	ne following amount:			
□ \$25	.00 Filing Fee	S30.00 Filing Fee a Certificate of State		Certific nclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632	Section orporations 7	Regist Division The Co	Address: ration Section on of Corporations entre of Tallahassee	910
/	Tallahassee, F	TL 34314		N. Monroe Street, Suite assee, FL 32303	010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSTEVEZ SER	wices GROW, LL	C
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	7051
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on	- -
This amendment is submitted to amend the following:		P1: 9:
A. If amending name, enter the new name of the limited liabil	lity company here:	9: 04
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	# 10106 PANAMA CHY BEAC	ENTH POAD
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(SAME KS AN	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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 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
			□Add
			□Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
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			🗀 Add
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		 	□Add
			Remove
			Change
			DAdd
			□Remove
	·		□Change

	
fective	date, if other than the date of filing: (optional)
m effect ote: If	we 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 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed is effective date on the Department of State's records.
ecord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	2/24/2021
	Signature of a member or authorized representative of a member

Typed or printed name of signee