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COVER LETTER

TO:

	gistration Se vision of Cor		•		
CUD ICCT.		Management Group L.L.C.	! <u>-</u> "		
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Daniel Chase			
			Name of Person		
		Cornerstone Management	Services		
			Firm/Company		
		9100 Calypso Court #101			
			Address		
		Davenport FL 33897			
			City/State and Zip Code		
		danschase@cornerstonepro			
For further	information c	oncerning this matter, please co	to be used for future annual report not all:	meation)	
Daniel Cha	se		630 849-6179 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is	a check for th	ne 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)	
	ailing Addres	_	<u>Street Address:</u> Registration Se	ection	
	egistration Sivision of C	orporations	Division of Co		
P.	O. Box 632	7	The Centre of	Γallahassee	
Ta	Illahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2010 -

Zip Code

Essentials Management Group L.L.C.	ability Company as it now appears on our records.)
(Name of the Limited Lin (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L19000281672	y Company were filed on 11/14/2019 and assigned
This amendment is submitted to amend the following	y:
A. If amending name, <u>enter the new name of the l</u>	limited liability company here:
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
	-
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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 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	Edward Carlson	2601 Bimini Bay Crest #106	
		Davenport FL 33897	□Remove
			Change
MGR	Daniel Chase	9600 Calypso Court #101	= Add
		Davenport FL 33897	□ Remove
			Change
			□ Add
			□ Remove
			Change
			□Add
			□ Remove
		<u></u>	□Change
			
			□Remove
			□ Change
			□Add
			□Remove
			□Change

Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 filed.
Dated	l
	Signature of thembor or authorized representative of a member
	Typed or printed name of signee