120000002804

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

ions				
Name of Lim	ited Liability Company			
Michael Williams				
	Name of Person			
ESA Solutions				
	Firm/Company			
997 W Kennedy Blvd Cen	ter 25			
	Address			
Orlando Fl 32810				
	City/State and Zip Code			
				
E-mail address: (to be used for future annual report notif	fication)		
concerning this matter, please c	aff:			
	407 595-1965			
of Person	Area Code Daytime	e Telephone Number		
the following amount:				
■ \$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)		
<u>ss:</u> Section	Street Address: Registration Sec	ction		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
	Name of Lim Amendment and fee(s) are sub ondence concerning this matter Michael Williams ESA Solutions 997 W Kennedy Blvd Cen Orlando Fl 32810 esssolutionslle@gmail.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter of Status ss: Section Corporations	Name of Limited Liability Company FAmendment and fee(s) are submitted for filing. ondence concerning this matter to the following: Michael Williams Name of Person ESA Solutions Firm/Company 997 W Kennedy Blvd Center 25 Address Orlando F1 32810 City/State and Zip Code esssolutionslle@gmail.com E-mail address: (to be used for future annual report notice concerning this matter, please call: at (407		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECA Colutione

(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L20000002804	bility Company	were filed on 12/20/19	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
ESA Solutions LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ble:	2548 Dovetail Dr	
(Principal office address MUST BE A STREET	ADDRESS)	Ococe FL 34761	
(Mailing address MAY BE A POST OFFICE B	<u>UA)</u>		
B. If amending the registered agent and/or re agent and/or the new registered office address	• *	address on our records,	enter the name of the new regis
igent and/or the new registered office address	HEIC.		
Name of New Registered Agent:			
New Registered Office Address: 25	2548 Dovetail	Dr	1 13
		Enter Florida street	address
	Ococe		Florida 34761 💍
		City	Zip Code
New Registered Agent's Signature, if changing Ro	egistered Agent:		2

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>	<u>Name</u>	Address	Type of Action
AMBR	Michael Williams	2548 Dovetail Dr Ocoee Fl 34761	□Add
			□Remove
			
			□Add
		***	□Remove
			□Change
		□Add	
		□Remove	
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r Effortis	ve date, if other than the date of	f filing:		(optional)	
(If an effe <u>Note:</u>	ctive date is listed, the date must be speci If the date inserted in this block does ent's effective date on the Departmen	ific and cannot be prior to s not meet the applicat	date of filing or more than ble statutory filing requir	90 days after filing.) Pursuant to 605.03	207 (3)(as the
f the record ecord is file	I specifies a delayed effective date, b ed.	out not an effective tim	ie, at 12:01 a.m. on the e	arlier of: (b) The 90th day after t	he
Dated _	September 20	- 1 ²⁰² 1 / 1			
Dated_	2-14	J	_•		
		1211			
	Signatur	e of a member or author	ized representative of a mer	nber	

Typed or printed name of signce