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## **COVER LETTER**

Division of Corporations
SUBJECT: E'Sentially Yours LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Heather Cherisma
OWNEX Firm-Company
908 N. Federal Hwy Swite 110-1012
E-thall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  Heather Chevisma at (80) 399-9873  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    \$25.00 Filing Fee
Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E'sentially Your	s LC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L2000114303</u>	were filed on 428 2070 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
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)	980 N. Federal Hury Suite IID-1012 Boxy Ration Fl 33432
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	980 N. Federal Hwy Suite 110-1012- Booa Ratum F1 33432-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  New Registered Office Address:  Suite 110-1012  Boca	North Federal Highway  Enter Florida street acktress  Raton Florida 3943 "T
New Registered Agent's Signature, if changing Registered Agent:	Contraction of the contraction o
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Disose unage address Nouse number
Please waate address, phone number 300-399-987-3, email
Supportéesentialy yours 11c · com
Thanks U
TALL A
E. Effective date, if other than the date of filing:
(If an effective 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 605.0207 (3xb)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will notibe listed as the document's effective date on the Department of State's records.
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If the record 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 record is filed.
Dated $\frac{7/27/3020}{}$ .
Heather Cheusma
Signature of a member or authorized representative of a member  HEATHER CHERISMA
Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00