

L2000013Z123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

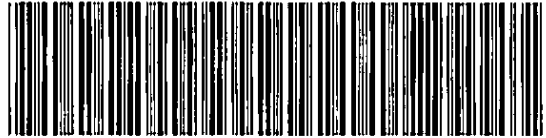
(Business Entity Name)

(Document Number)

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

OCT 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESSENTIAL SERVICE EXPERTS 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:

BERNARD RIBORDY
Name of Person
RIBORDY & ASSOCIATES INC.
Firm/Company
8780 SEMINOLE BLVD.
Address
SEMINOLE, FL. 33772
City/State and Zip Code
BRIB165259@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERNARD RIBORDY at (727) 397-9200
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

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

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**

ESSENTIAL SERVICE EXPERTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5.15.2020 and assigned
Florida document number L20000132123.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1208 Bayou Pass Dr.
RUSKIN, FL. 33570

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1208 Bayou Pass Dr.
RUSKIN, FL. 33570

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BERNARD RIZORDY

New Registered Office Address:

8780 SEMINOLE BLVD.

Enter Florida street address

SEMINOLE

City

Florida

33772

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.

Bernard Rizordy

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|----------------------------|--|
| <u>MGR.</u> | <u>BRENN S. SMITH</u> | _____ | <input type="checkbox"/> Add |
| | | _____ | <input checked="" type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>DARLA SMITH</u> | _____ | <input type="checkbox"/> Add |
| | | _____ | <input checked="" type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>CHANDA RODRIGUEZ</u> | <u>1208 Bayou Pass Dr.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>RUSKIN, FL. 33570</u> | <input checked="" type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| | | _____ | <input type="checkbox"/> Add |
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 2020 OCT 23 AM 9:41
 CLERK OF COURT
 JUDICIAL CIRCUIT IN AND FOR
 THE SEVENTH JUDICIAL CIRCUIT
 IN FLORIDA
 TALLAHASSEE, FL

2020 OCT 23 AM 9:41
TJ. JONES
TJ. JONES

2020 OCT 23 AM 9:41
TAMM STATE
TAMM ACADEMY

ED

(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 (3)(b)

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 9-19, 2020

For Burt

Signature of a member or authorized representative of a member

RONALD RODRIGUEZ

Typed or printed name of signee

Filing Fee: \$25.00