## L200001749ZZ

(F	Requestor's Name)	
(F	Address)	
	Address)	
(0	City/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
(C	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	





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FILED 2020 NOV 23 PM 1: 08

12/20/20

## **COVER LETTER**

TO: Registration Section

Division of Cor	rporations		
	ES ENTERPRISES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are suf	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GREG K GONZALEZ		
	<del></del>	Name of Person	
	GREG K GONZALEZ CE	PA PA	
		Firm/Company	-
	7900 OAK LANE SUITE	400	
		Address	
	MIAMI LAKES, FL 3301	6	
		City/State and Zip Code	····
	GREG@GGCPACO.COM	to be used for future annual report not	OP
For further information e	oncerning this matter, please e	•	incation)
GREG K GONZALEZ			
<del></del>		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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)
Mailing Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of 1	•
Tallahassee, I			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## 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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			⊡Change
,			□Remove
			22 <sup>1</sup> Change
			Add Add
			□ Remove
			Change  Change  Change  Change
			⊡Add
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fective date, if other than the in effective date is listed, the date must bte: If the date inserted in this blocument's effective date on the D	ock does not m	eet the applica	to date of filing	or more than 90 Miling requiren	(optiona days after filir nents, this da	l) ng.) Pursuant to 605.01 te will not be listed
ecord specifies a delayed effectivis filed.	e date, but not a	an effective ti	ne, at 12:01 a	m, on the ear	ier of: (b)	The 90th day after t
November 12		2,020				
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