

L20000215145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

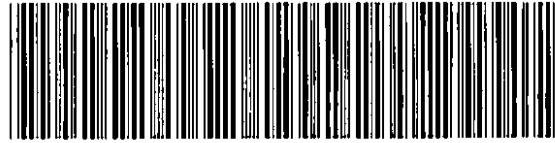
(Document Number)

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2022 NOV 14 PM 3:48

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ALLAHASSEE, FLORIDA

11/15/2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ESPA GROUP 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:

ALEJANDRA MARQUEZ VILLA

Name of Person

AMV LEGAL GROUP PA

Firm/Company

2450 HOLLYWOOD BLVD SUITE 300

Address

HOLLYWOOD FL 33020

City/State and Zip Code

INFO@AMVLEGALGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRA MARQUEZ VILLA

954 253-9695  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

2022/07/14 PM 1:58

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

**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>
AMBR	ALEJANDRO E. PAGES	45 SW 9 ST #3807	<input type="checkbox"/> Add
		MIAMI FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAIAN E. GOMEZ	2141 SW 21st Terrace	<input type="checkbox"/> Add
		MIAMI FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAIAN ESCALANTE	2141 SW 21st TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YOHANA GARCIA	2141 SW 21st TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

*[The page contains faint horizontal lines suggesting ghosting or extremely light scanning artifacts.]*

Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)

(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 603.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 10 2022

DAIAN ESCALANTE \_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**