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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I2014000083 Phone : (407)932-0040 Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ESAJ MANAGEMENT LLC

Certificate of Status	0
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T. LEMIEUX

OCT 3 1 2022

COVER LETTER

TO: Registration Section Division of Corporations ESAJ MANAGMENT LLC SUBJECT: 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: **ENOC RIVERA RIOS** Name of Person **ESAJ MANAGMENT LLC** Firm/Company 1604 DESTINY BLVD UNIT 107 Address KISSIMMEE ,FL 34741 City/State and Zip Code SHEILARIVERA1983@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ENOC RIVERA RIOS** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Pee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Malling 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

ESAJ MANAGEMENT LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	rears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	08/12/2020 and assigned
Florida document number L20000246282	
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	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
THE BOX	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered
<u> </u>	022 (
Name of New Registered Agent:	DCT :
New Registered Office Address:	CE L
Enter Fi	orida street address
	Florida 222 —

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
AMBR	Sheila ivelisse rivera rojas	1604 DESTINY BLVD UNIT 107	
		KISSIMMEE,FL 34741	■Remove
			□Change
~			□Add
			🗀 Remove
			Change
			□Add
		•	□Remove
			□Add
			□Remove
			Change
	·		□Add
			Remove
			Change
			DAdd
			□Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
(If an ef Note:	ive date, if other than the date of filing: (optional) fective 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)(I fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	10/27/ 2022
	Signature of a member or authorized representative of a member
	Enox Pivere Rios
	Typed or printed name of signee

Filing Fee: \$25.00