L20000296873

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TO:

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ESMEN ENT LLC				
Name of Limit	ted Liability Company	·		
Amandment and feets) are sub-	nitted for filing			
Jason Lopez				
	Name of Person			
NOMOREYESMEN ENT	LLC			
Firm/Company				
332 Ironwood dr				
	Address			
Davenport Florida 33837				
	City/State and Zip Code			
		tification)		
		,		
	407 535-6556			
of Person	Area Code Dayti	me Telephone Number		
he following amount:				
\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Section	Street Address: Registration S Division of C	orporations		
27		Tallahassee roe Street, Suite 810		
	Porations TESMEN ENT LLC Name of Limit Amendment and fee(s) are subtondence concerning this matter to Jason Lopez NOMOREYESMEN ENT 332 Ironwood dr Davenport Florida 33837 nomoreyesmen@gmail.com E-mail address: (concerning this matter, please concerning this matter than the property of the propert	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Jason Lopez Name of Person NOMOREYESMEN ENT LLC Firm/Company 332 Ironwood dr Address Davenport Florida 33837 City/State and Zip Code nomoreyesmen@gmail.com E-mail address: (to be used for future annual report not concerning this matter, please call: at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 09/21/2020 Plorida document number 1.20000296873 This amendment is submitted to amend the following:	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbrevia	iation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	20D
Enter new mailing address, if applicable:	- 3
Mailing address MAY BE A POST OFFICE BOX)	
	 _

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

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
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			■Remove
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effective date is listed, the date must be If the date inserted in this bloc	e specific and cannot be prior to o	date of thing or more than 90.	days after filing.) Pur cents this date will	suant to 605.0. not be listed
ment's effective date on the Dep	artment of State's records.	e statutory rrang requirem		
ord specifies a delayed effective	date, but not an effective time	, at 12:01 a.m. on the earl	ier of: (b) The 90)th day after t
filed.				
November 27th	2020			
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