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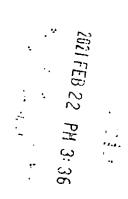
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Registration Section Division of Corporations |
|-----------------|---|
| SUBJEC | T: ESSENTICU ECUT HSCORDES Name of Limited Liability Company |
| The encl | sed Articles of Amendment and fee(s) are submitted for filing. |
| Please re | urn all correspondence concerning this matter to the following: |
| | Victor Lebron Name of Person |
| | ESSENTICUL ECUTTO SCORES LLC |
| | 26302 SIECIPY HOLLOW St. |
| | City/State and Zip Code VLCOVO 1 190 CIVCII COM E-mail address: (to be used for future annual report notification) |
| For furth | er information concerning this matter, please call: |
| <u>Vi</u> | Name of Person at (407) 486-593 Area Code Daytime Telephone Number |
| Enclosed | is a check for the following amount: |
| 5√\$ 25. | O Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (radditional copy is enclosed) |
| | Mailing Address: Registration Section Street Address: Registration Section |

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

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2671 E

2021 FEB 22 PH 3: 36

| (<u>Name of the Limited Liab</u> (A Flori | ility Company as it now appears on our reco da Limited Liability Company) | rds.) |
|---|--|----------------------------------|
| The Articles of Organization for this Limited Liability | Company were filed on | and assigned |
| florida document number | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "Ll | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | - |
| Principal office address MUST BE A STREET ADD | ORESS) | - |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | er the name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addi | ress |
| · | , I | FloridaZip Code |
| | City | 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.

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 2021 FEB 22 PM 3: 36 **Type of Action** Title Name <u>Address</u> □ Change _ 🗀 Add Remove □ Change Remove □Change □Remove Change _ 🗆 Add Remove □Change □Add □Remove _ Change

| | | 2021 FEB 22 PH 3: | |
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| tive date, if other than the date of filing: | 18/2021 | (untion a | .TS |
| fective date is listed, the date must be specific and cannot be prior to date of t | filing or more than 90 | days after fili | ng.) Pursuant to 605. |
| If the date inserted in this block does not meet the applicable status nent's effective date on the Department of State's records. | tory filing requirem | ents, this da | te will not be liste |
| • | | | |
| ed engaifiag a dulawad officative data has more an officialism simon at 12 | :01 a.m. on the earl | ier of: (b) | The 90th day after |
| id specifies a delayed effective date, but not an effective time, at 12; | | | • |
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Filing Fee: \$25.00