## K210000060019

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration S Division of Co	ection rporations		
	ONTRACTING LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	Name of Lim	ned Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	HERMAN ESCALANTE		
	ESC FL CONTRACTING	Name of Person LLC	
		Firm/Company	<del></del>
	1274 E LAKESHORE BL	• •	
		Address	
	KISSIMMEE FL 34744		
	ESCCONTRACTING2020	City/State and Zip Code @GMAIL.COM	
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
JEANNETTE GONZA	LEZ	321 2760948	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection

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

ESC FL CONTRACTING LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida I	Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on 02/03/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	
nter new mailing address, if applicable:  Aailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, enter the name of the new register
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered	City Zip Code C
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and sent as provided for in Chapter 605, F.S. Or, if this document is doffice address, I hereby confirm that the limited liability
	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
AMBR	JEANNETTE GONZALEZ	1274 E LAKESHORE BLD KISSIMMEE	
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		F1.34744	□Remove
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ective date	e, if other than th	ne date of fili	ng.		(1	optional)	
effective da	te is listed, the date m	iust be specific ai	nd cannot be prior		r more than 90 days	after filing.) Pur	
	ate inserted in this fective date on the				ing requirements	, this date will	not be listed a:
cord specif	ies a delayed effect	ive date, but no	ot an effective t	ime, at 12:01 a.i	n, on the earlier o	f: (b) The 90	theday after the
s filed.							21
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ed	EDNN	EGTE (Signature of a	Garzala member or auth	Z. norized representat	ive of a member		