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## **COVER LETTER**

	egistration Section ivision of Corporations	
SUBJEC	: Van Esh Group, LLC Name of Limited Liability Company	
The enclo	ed Articles of Amendment and fee(s) are submitted for filing.	
Please ren	rn all correspondence concerning this matter to the following:	
	Carlton Branker Name of Person	
	Firm/Company	
	2114 N. Flamings Road #202	
	Pemboke Pines Fc 33028  City/State and Zip Code	
	E-mail address: (to be used for thour annual report notification)	
For furthe	information concerning this matter, please call:	
<u>(q</u>	Name of Person at (954) 557-4016  Area Code Daytime Telephone Number	
		C
Enclosed	s a check for the following amount:	
\$25.0	Filing Fee Solution Status Solution Filing Fee & Solution Status Solution Stat	
I I	Isiling Address: egistration Section Registration Section Division of Corporations O. Box 6327 Callahassee, 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

Váh ESA (7)	roup Lec
(Name of the Limited Liability Compa (A Florida Limited I	ny as itinow appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2/00025 283</u> . This amendment is submitted to amend the following:	were filed on June 1, 2021 and assigned
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	12277 SW 55 Street  Suite 908  Cooper, City FL 33330
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2114 N. Flamingo Road #202 Pembroke Pines FL 33026
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address , Florida  Zip Code
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

W/17

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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	(	Suite 908	□Remove
		Couper City FL 333	<i>§O</i> □Change
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