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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

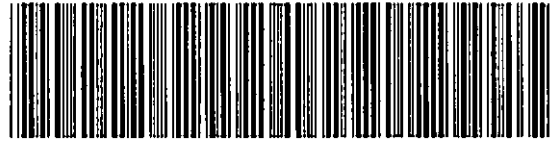
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESG REPORT LLC

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:

NICOLAS DUCOTE

Name of Person

ESG REPORT LLC

Firm/Company

5041 E ESTERLING RANCH CIR

Address

DAVIE, FL 33314

City/State and Zip Code

nicolas.ducote@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLAS DUCOTE

Name of Person

at (786)

Area Code

716-7105

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 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)

Mailing 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**

ESG REPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 14, 2021 and assigned Florida document number L21000321707.

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 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____ Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MERCEDES OCCHI	5041 E ESTERLING RANCH CIR	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA DE LAS HERCEDES OCCHI RUBIN	5041 E ESTERLING RANCH CIR	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective 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)(b)

If the record 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 record is filed.

Dated December 16th, 2021

Signature of a member or authorized representative of a member

principales De café

Typed or printed name of signee

Passport

Tipo Type	Código del País Country Code
P	ARG

ଅ

Apellido / Surname
OCCHI RUBIN

Nombres / Given Names

MARIA DE LAS MERCEDES

Nacionalidad / Nationality

ARGENTI NA

IDNI/Personal Number

22303107

Fecha de Nacimiento / Date of Birth:
Autoridad / Authority:

06 JUL 1971

RENAP ER

Sexo / Sex Lugar de Nacimiento / Place of Birth

CABARGA

Fecha de Emisión / Date of Issue

29 AGO/AUG 13

Fecha de Vencimiento / Date of Expiry

29 AGO/AUG 23

Firma / Signature _____ Huella / Finger _____

P<ARGOCCHI<RUBIN<<MARIA<DE<LAS<MERCEDES<<<<<

AAB2128534ARG7107067F230829422303107<<<<<<<42



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Department of

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