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Office Use Only



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COVER LETTER

TO:

то:	Registration Se Division of Cor					
	ESNA Capital LLC					
SUBJECT:Name of Limited Liability Company						
The enc	losed Articles of .	Amendment and fec(s) are sub	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Elizabeth S. Aleman-Nuce	te			
			Name of Person	_		
		ESNA Capital LLC				
			Firm/Company	_		
		16425 Collins Avenue AP	Γ215			
			Address	_		
		Sunny Isles Beach, FL 33	160			
			City/State and Zip Code	_		
		aleman.elisa@gmail.com	to be used for future annual report notification)			
For furtl	ner information co	oncerning this matter, please co	·			
Elizabet	h Aleman-Nucete	2	305 399-0258 at ()			
	Name of	f Person	Area Code Daytime Telephone Number	er .		
Enclose	d is a check for th	e following amount:				
■ \$ 25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifice	ate of Status &		
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESNA Capital LLC	
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u>.</u>)
e Articles of Organization for this Limited Liability Company were filed on $\frac{08/16/2021}{}$	and assigned
orida document number L21000366939	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
tter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address on our records, enter t	the name of the new regist
ent and/or the new registered office address here:	
Spelling Corvertummer Name of New Registered Agent: Aleman-Nucete, Elizabeth S., Jr.	
Name of New Registered Agent: Aleman-Nucete, Elizabeth S., Jr.	_
	· •
New Registered Office Address: Enter Florida street address	
	rida Zip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nucete-Aleman, Elizabeth S. Jr.		🗆 Add
			□Remove
		CORRECT SPELLING OF LAST NAME	⊟ Change
MGR	Nucete, Antonio		□Add
			□Remove
		CORRECT SPELLING OF LAST NAME	🗏 Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. 11 all.	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an ei Note:	Tective date, if other than the date of filing:
If the reco record is f	rd 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 iled.
Datad	August 19 2021
Dated	Henricht Glenner Nuncit
	Signature of a member or authorized representative of a member
	Elizabeth S. Nucente-Aleman, Jr.

Typed or printed name of signee