Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ESBOSSOS LLC**

Certificate of Status	0
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Page Count	04
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OCT 10 2022

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESBOSSOS LLC		<del></del>
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000376914	were filed on 08/23/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St N	282
Principal office address MUST BE A STREET ADDRESS)	STE 300	
	St. Petersburg, FL 33702	35 9
		22 N
Enter new mailing address, if applicable:	7901 4th St N	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	STE 300	1:02
	St. Petersburg, FL 33702	202
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the name	e of the new registered
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

7

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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			🗀 Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove

□Change

D. If amending any other it	iformation, ente	r change(s) here:	: (Attach addition	al sheets, if necessar	n.)		
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C. Effective date, if other the (If an effective date is listed, the Note: If the date inserted is document's effective date of	date must be specific n this block does n	and cannot be prior to of meet the applica	o date of filing or more	(optional than 90 days after filing requirements, this dat	g.) Pursuant to 605.0	9207 (3)(t d as the	))
the record specifies a delayed ecord is filed.	effective date, but	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after	the	
Dated October	12						
44	Signature c	Maryan Dalla.	rized representative of	a member			
	v	Morgan No					
		Typed or printed	I name of signee	<u> </u>	<del></del>		

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