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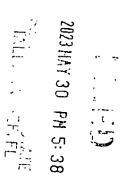
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:

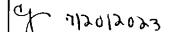
Office Use Only



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COVER LETTER

TO: Registration Solution of Con			
ESP_FLOC SUBJECT:	RING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELIAS SEBASTIAN PEE	DRO.	
		Name of Person	
	ESP FLOORING LLC		
		Firm/Company	
	4901 CANTON ROAD		
		Address	
	LAKE WORTH, FL 3346	3	
		City/State and Zip Code	
	ESP10127@GMAIL.COM		**************************************
For further information c	e-man address: (concerning this matter, please c	to be used for future annual report not all:	ification)
ELIAS SEBASTINA PE	EDRO	561 7299147 at ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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		Street Address:	wtion
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		. 4	

ESP FLOORING LLC	PH 5: 38
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{01/11/2022}{}$ and assigned
Florida document number L22000025839	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4901 CANTON ROAD
(Principal office address MUST BE A STREET ADDRESS)	LAKE WORTH, FL 33463
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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	ELIAS SEBASTIAN PEDRO	4901 CANTON ROAD	
		LAKE WORTH, FL 33463	
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
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ective date, if other than a reffective date is listed, the date te: If the date inserted in this rument's effective date on the	the date of filing: must be specific and ca s block does not mee	at the applicable.	e of filing or more the statutory filing req	optional (optional nan 90 days after tilin nuirements, this dat	l) g.) Pursuant to 605.0207 e will not be listed as
ecord specifies a delayed effe s filed.	ctive date, but not ar	effective time, a	t 12:01 a .m. on th	e earlier of: (b) T	The 90th day after the
05/24 		2023			
os/24	Til	<u> </u>	representative of a		