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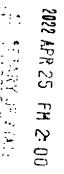
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JUN 10 2022 M. SOLOMON

COVER LETTER

	istration Sec sion of Corp			
SUBJECT:	ESSENTIAI	. SOLUTIONS & IMP EXPO	SERVICES LLC	
SONGE T.		Name of Lim	nited Liability Company	
The enclosed	Articles of /	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		CLAUDIA R. GONZALE	Z MUNOZ	
			Name of Person	
		ESSENTIAL SOLUTION	S & IMP EXPO SERVICES I	LLC
			Firm/Company	
		629 NW KINGSTON ST.		::,;;
		·	Address	
		PORT ST LUCIE, FL. 349	983	
			City/State and Zip Code	
		sandraspanishcenter@yahoo		•
		E-mail address: (to be used for future annual repor	t notification)
For further in	formation co	ncerning this matter, please co	all:	<i>,</i>
SANDRA RO	OMAN		305 5081769	9
	Name of	Person		aytime Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling Fcc	□ \$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

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

(A Florida Elinited	Enablity Company)	
The Articles of Organization for this Limited Liability Company Florida document number 422000134529	were filed on <u>F35ENTIAL SOLU</u> AND IMP EXPO SER	Tion and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the c	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	629 NWKINGSTO	IN ST
(Principal office address MUST BE A STREET ADDRESS)	PORT ST LUCIE, F	1 34983
Enter new mailing address, if applicable:	629 NW KINGS PORT ST LUCIE, FL	TON ST
(Mailing address MAY BE A POST OFFICE BOX)	PORT ST LUCIE, FO	31/983
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nar	me of the new registere
New Registered Office Address:	Enter Florida street address	22
	, Florida	Zip Code
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 provided for in Chapter 605, F.S. Or	familiar with and , if this document is

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
MGR	CLAUDIA R GONZALEZ MUNO Z		≡ Add
			□Remove
			□Change
		-	□Add
			□Remove
			□Change
			DAdd Remove
			Change
			□Remove
			□ Change
			□Add
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record specifies a delayed effective is filed.	date, but not	t an effective	time, at 12	:01 a.m. on	the earlier o	f: (b) The ^c	θθth day afte	er the
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