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SECONDARY STATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	·	
ELSER 301	9 VARGAS LLC		,
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SUSANA VARGAS		
		Name of Person	
		Firm/Company	
	1051 CEDAR FALLS DR		
		Address	
	WESTON, FL 33327		
	4 5.400	City/State and Zip Code	
	etser2619@gmail.com	to be used for future annual report notific	cation)
For further information e	oncerning this matter, please ca		••••
SUSANA VARGAS		305 342-6743 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration Sect	tion
Division of C		Division of Corp	
P.O. Box 632	7	The Centre of Ta	illahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELSER 3019 VARGAS LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on <u>09/07/2022</u> and assigned
Plorida document number 1.22000391643	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
he 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:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
	2024 API SECTION
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on	— · · · · · · · · · · · · · · · · · · ·
gent and/or the new registered office address here:	10 → 2
Name of New Registered Agent:	
New Registered Office Address:	
	ner Florida street address
	. Florida
Cny	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>	Type of Action
MGR	JOHN M VARGAS	1051 CEDAR FALLS DR	□ Add
		WESTON, FL 33327	■Remove
			□ Change
AMBR	LUIS G. CORREA	1051 CEDAR FALLS DR	= Add
		WESTON, FL 33327	□Remove
			□Change
AMBR	ANA M. MARTINEZ	1051 CEDAR FALLS DR	≣Add
		WESTON, FL 33327	□Remove
			□Change
		_	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change

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ffective date, if other than t an effective date is listed, the date r	he date of filing:		(optional)	
lote: If the date inserted in this	block does not meet the applic	cable statutory filing requi	90 days after filing.) Pursuant to rements, this date will not be	605.020 listed a
ocument's effective date on the	Department of State's records	i.		
record specifies a delayed effec	tive date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
l is filed.			•	
ated April 15	2024			
atea		<u>_</u> ;		
	X 1 .			
	Signature of a member or auth	Vaym	mbar	_

Filing Fee: \$25.00