## L22000405971

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| Certified Copies          | Certificates      | of Status |
|                           |                   |           |
| Special Instructions to F | iling Officer:    |           |
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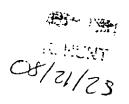
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08/21/23--01032--012 \*\*25.00

2023 AUG 21 PH 12: 40



## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

| Division of Corp   | orations  |   |  |                       |
|--|---|---|--|-----------------------|
| SUBJECT:   | ES & RS<br>Name of Limit                        | CONSTRUCTION (ited Liability Company  | DN LLC   |                       |
| The enclosed Articles of A   | Amendment and fee(s) are sub-                   | mitted for filing.  |  |                       |
| Please return all correspon  | idence concerning this matter                   | to the following:   |  |                       |
|  | EDGAR<br>ES & RS                                | R SARANGO Name of Person CONSTRUCT Firm/Company   | EON LLC  | 2023 AUG 21 PM (2: 40 |
|  | 7938 G  | RISWOLD LOC   | DP   | 1 PH 12:              |
|  |   | ORT RICHEY, City/State and Zip Code CONSTRUCTION (or be used for future annual report note) | _  | 40                    |
| For further information co   | ncerning this matter, please ca                 |   | nearion  |                       |
| EDGAR<br>Name of   | SARANGO   | at ( <u>813)</u> <u>382</u><br>Area Code Daytim   | e Telephone Number   |                       |
| Enclosed is a check for the  | e following amount:                             |   |  |                       |
| X \$25.00 Filing Fee   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)                            | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused) | I                     |
| Mailing Address:<br>Registration So<br>Division of Co<br>P.O. Box 6327 | ection<br>orporations                           | Street Address:<br>Registration Sec<br>Division of Cor<br>The Centre of T                   | porations  |                       |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ES SRS CONSTRI  | , <del></del>  |
|---|--|
| (Name of the Limited Liability Company :<br>(A Florida Limited Liab   | is it now appears on our records.) (http://ompany)               |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L22000405971</u> .      | re filed on  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liability  | company here:  |
|   | 20°  |
| The new name must be distinguishable and contain the words "Limited Liability"  | Company," the designation "LLC" or the abbreviation "LEC"."      |
| Enter new principal offices address, if applicable:   | 등  |
| (Principal office address MUST BE A STREET ADDRESS)   | 2 <u> 71</u>   |
| _   | P 296  |
|   | 12: A  |
| Enter new mailing address, if applicable:   | <b>6</b> 2   |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   |  |
|   |  |
| B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: | ress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: EDG/  | AR SARANGO   |
| New Registered Office Address: 7938   | ARISWOLD LOOP  |

## 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

Enter Florida street address

PORT RICHEY Florida 34655

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | Address   | Type of Action   |
|--------------|----------------|---|--|
| AMBR         | SIERRA, REIMAR | 12328 GOLDEN OAK CIF                              | Z_□Add   |
|              | ,              | HUDSON, FL 34669                                  |  |
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|   |  |  |                       |                        |                          |      |
| fan effective date is list<br><mark>Note:</mark> If the date inso | her than the date of filited, the date must be specific a<br>crted in this block does no<br>date on the Department o | and cannot be prior<br>t meet the applic | able statutory filin  |                        | ling.) Pursuant to 605.0 |      |
| record specifies a do   | clayed effective date, but n   | not an effective t                       | ime, at 12:01 a.m.    | on the earlier of: (b) | The 90th day after t     | he   |
| Dated 07/   | 26/23  | 202                                      | 3.                    |                        |                          |      |
|   |  |  | orized representative | of a member            |                          |      |
|   |  |  |                       |                        |                          |      |