L22000499123

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Y. SCOTT SEP - 9 2023

COVER LETTER

TOa Registration S Division of Co				
	ISOR LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Andrew Litynskyj			
		Name of Person		
	ESL-ADVISOR LLC		S 27	
		Firm/Company	0231	क्तान्य व्यक्त
	1308 Nettles Boulevard		2023 AUG 15 SFOLLLAHA	1 g
		Address	5 7	
	Jensen Beach, FL 34957		PM 3: Y OF ST VSSEELI	
	andrew.litynskyj@comcast.	City/State and Zip Code .net	3: 26	
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	concerning this matter, please c	all:		
Andrew 1	Aynorys	at (248) 790 ~	7677	
Name c	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he 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 Address	-	Street Address:	aki au	
Registration Section Division of Corporations		Registration Sec Division of Cor		
P.O. Box 632	27	The Centre of T	allahassee	
Tallahassee,	FL 32314	2415 N. Monroe	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESL-ADVISOR LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) Sility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 11/28/2022 and assigned
Florida document number L22000499123	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	v company here:
Fractional Partner Management Group LLC	
The 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:	
(Principal office address MUST BE A STREET ADDRESS)	
_	2 o
	SEE CO.
Enter new mailing address, if applicable:	Ω. G.
(Mailing address MAY BE A POST OFFICE BOX)	TE 26
_	
B. If amending the registered agent and/or registered office add	lress on our records, enter the name of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	
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 to 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>	Address	Type of Action
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			□Remove
			□ Change
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cument's effective date on the Department of State's records.	•				
ecord specifies a delayed effective date, but not an effective ti is filed.	ime, at 12:01 a.	m. on the earlie	r of: (b)	The 90t	h day after t
is med.					
100 $8/12$ 302	3 .				
Signature of a member or author					
Signature of a member or author	orized representa	ive of a member			