## La3000044148

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Y. SCOTT

JUL - 8 2023

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	ESSENTIAL	DAILY DEPOS	ITS, LLC		
	Name of Lim	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	MACK	Name of Person			
	<u> </u>	Firm/Company			
	165 Cypr	ESS POINT D	R		
	-	Address			
	PALM B	EACH GARDEN	33418		
			510	2023 HAY	
	E-mail address: (	TO be used for future annual t	report notification)	YWH	
For further information co	ncerning this matter, please c	all:			[ m/)
MACKINLEY	Rolle	at ( <b>1</b> %7 )	299 - 129	PM 2	
Name of	Person	Area Code	Daytime Telephone Number	ယ	
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certifica	te of Sta Copy	atus &
Mailing Address Registration S Division of Co	ection orporations	Division	ntion Section n of Corporations		
P.O. Box 6327 Tallahassee, F			ntre of Tallahassee . Monroe Street, Suite 8	10	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESSENTIAL DAIL	-Y DEPOSITS, LLC	
(Name of the Limited Liability Company (A Florida Limited Liability Company)	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	were filed on $1/24/2023$ and assigned	
Florida document number <u>L2360004†148</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Rolle Sports MANAGEMENT The new name must be distinguishable and contain the words "Limited Liability	LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	66 WEST FLAGLER ST	_
(Principal office address MUST BE A STREET ADDRESS)	SUITE 900 - \$ 9073	
	MIAMI, FL 33130	_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	20	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new-regis	tere
	- P (184	
Name of New Registered Agent:	المن المن المن المن المن المن المن المن	
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 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>	Address	Type of Action
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	Signature o	of a member or aut	horized representativ	e of a member			