L2300091598

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: E & S FUNDING SOLUTIONS, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
EARNEST J- SMITH Name of Person
Firm/Company
2975 GOLDEN POND BLVA
ORANGE PARK, FL 32073 City/State and Zip Code earnest smith 60@gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EARNEST J. SMITH at (904) 868-4003 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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



2023 MAR -2 AM 9: 05

The Articles of Organization for this Limited Liability Company were filed on L23000091598 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EAND S FUNDING SOLUTIONS, 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City 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	Membe

<u>Title</u>	Name	Address	Type of Action
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If an effective date Note: If the dat	if other than the date is listed, the date must be see inserted in this block of active date on the Depart	pecific and cannot loes not meet the	e applicable statu	ning of more man 20	optional) days after filing.) Punents, this date wi	ursuant to 605,0207 Il not be listed as t
e record specific rd is filed.	s a delayed effective dat	e, but not an effe	ective time, at 12	:01 a.m. on the ear	rlier of: (b) The 9	0th day after the
Dated <u>3/</u>	ENTREST EARNEST	20 atyre of a member	23. For authorized repr	resentative of a mem	ber	
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