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COVER LETTER

TO:

TO: Registration Security Division of Corp			•
SUBJECT: ESA	1E Group,	110	•
SUBJECT:por_	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 t	to the following:	
	Harry Te	mpKins, Esq. Name of Person	
	Newman d	Tempkins, P.A.	
	605 Lincoln	Road Suite	
	Miam; Be	cach, FL 3313 City/State and Zip Code	9 Lication) 10 MM 11: 02
	htemok E-mail address: (1	(ins @ a61. com	ication)
For further information c	oncerning this matter, please ca	all:	
Harry Name o	empkins f Person	at (<u>305</u>) <u>348</u> Area Code Daytimo	7760 Telephone Number
Enclosed is a check for the	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)
<u>Mailing Addres</u> Registration 1		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LLC	r records \	_
(A Flori	da Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability	Company were filed on <u>Jeb</u>	20, 2023	and assigned
This amendment is submitted to amend the following:			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS: Center 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 Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designati	on "LLC" or the abbre	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	<u> </u>		
		<u> </u>	<u> </u>
		与	1 g
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			- h
		_ + Q1	
		ا هم مصليم و ام	•
		s, <u>enter the name o</u>	f the new registere
agent unant the new registered office udaress neve	•		
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Florida stre	eet address	
		, Florida	
	City		Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

TCME

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 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>	Name	Address	Type of Action
AHBR	EMIN ONAL	QUE Lencolo ROAS	⊊ Add
		Mi Ami Boud, Fla	Remove
			CleKange
MBR	SUREN SEYRAN	Sute 301	□Add
		MiAnen Band, Ha	[Akemove
			□ Change
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cument's effective date	on the Department of :	State's records.				
ecord specifies a delayed	I effective date, but no	t an effective time	, at 12:01 a.m. on th	e earlier of: (b)	The 901	th day after th
is filed.						
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ited Jan 3	·	· 2024	101	\mathcal{M}	•	