

L 23 0000 95 086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

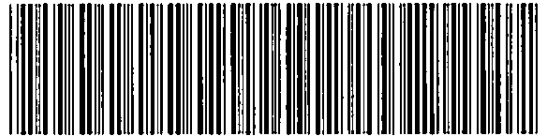
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESI CONSTRUCTION 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:

EVONY CASTREJON-RENDON
Name of Person

Firm/Company

6582 PAYTON WOODS DR
Address

TUCKER, GA 30084
City/State and Zip Code

ECASTREJONRENDON@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVONY CASTREJON-RENDON at (678) 346-0704
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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:

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

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TALLAHASSEE, FL
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ESI CONSTRUCTION SOLUTIONS LLC

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	AQUILINO PEREZ	3640 SW 20 th Ave	<input type="checkbox"/> Add
		Gainesville, FL 32607 Apt 22	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AQUILINO SANTANA PEREZ	3640 SW 20 th Ave	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32607 Apt 22	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALAMON
2023 MAR 16 PM 9:09
DATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 24, 2023

Signature of member or authorized representative of a member

EVONY CASTREJON-RENDON
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00