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Registration Section

TO:

Division of Corporations
SUBJECT: E&G General Services 1 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:
Ismael Esquivel Name of Person
ESG General Services LLC.
188 Crawford Rd
Brinbridge, GA 39819-6502 City/State and Zip Code
Ish P509D amad. Lo M E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ismael Esquivel at (850) 508-87112 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
≥ \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	DetViceS 1 1 C any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000335699</u> .	were filed on July 17, 20	<u>a3</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "ELC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	188 Crawford Ro Barnbridge, GA	3 9 819-6502
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	188 <u>Crawford</u> Bainbridge, G	Rd A 39819-650 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the t</u>	name of the new registered
Name of New Registered Agent:		52 5 m
New Registered Office Address:	Enter Florida street address	MIII: 17
	, Florida	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>	Name	<u>Address</u>	Type of Action
MGR	Ismael Esquivel	18 crawford Rd Bijsbride	18_ ZATTO CA 39814
			□Remove
			□Change
	<u>-</u>		□Add
			□Remove
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(it an effe <u>Note:</u>	tive date, if other than the date of filing:
ecord is file	
Dated _	Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member
	Fomael Esquivel Typed or printed name of signee

Filing Fee: \$25.00