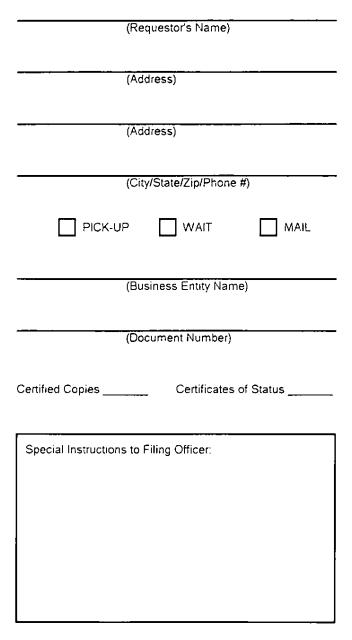
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations ESL INVESTMENTS OF ORLANDO LLC SUBJECT: 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: Adriana Munholi Name of Person Premium Consulting and Tax Services Firm/Company 8803 Futures Dr #5b Address Orlando, FL 32819 City/State and Zip Code adriana@premiumtaxusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adriana Munholi Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed). Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESL INVESTMENTS OF ORLANDO LLC

(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears on Jability Company)	our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L24000071731</u>		were filed on $\frac{02/08}{}$	2024	_ and assigned	
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	<u>ne limited liabi</u>	lity company here:			
N/A					
The new name must be distinguishable and contain the word	ls "Limited Liabili	ity Company," the design	nation "LLC" or the abbrev	dation "L.L.C."	
Enter new principal offices address, if applicab	le:	N/A		2024	
(Principal office address MUST BE A STREET.	ADDRESS)				
		N/A		29	
Enter new mailing address, if applicable:				<u>۔۔۔۔</u>	
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		ddress on our reco	street address , Florida		<u>rec</u>
		City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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>	<u>Address</u>	Type of Action
SEC	DA SILVA, FERNANDA	8803 FUTURES DR #5B ORLANDO, FL 32819	□Add
			□Remove
			■Change
	•		□Add
·			□Remove
			□Change
		<i>:</i>	□Add
		-	□Remove
		□Change	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	 ,		□Add
			□Remove
			□ Change

	HANGE THE TITLE OF FERNANDA DA SILVA FROM AMBR TO SEC.(SECRETARY)
	<u> </u>
F Fffer	e date, if other than the date of filing: (optional)
(If an e <u>Note</u>	e date, if other than the date of filing:
If the record is	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
Date	ebruary. 14 2024

Typed or printed name of signee