L24000114722

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2024 OCT -7 PM 4: 32 SECRETARY OF STATE

para

Alex Cockrill

October 2, 2024

+1 (954)-319-2719

Essentialconsolutions@gmail.com

Return Address:

5328 Grand Banks Blvd

Greenacres, FL 33463

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Essent: 1 Contracting Solutions LLC Name of Linsted Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
AICK COCKIII Name of Person
Essential contracting solutions LLC
3061 NW 23rd Way
Oakland Park FL 33311 City/State and Zip Code
Escapial Consolutions @ gmail. Com Esmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex Cock (:1) Name of Person at (954) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee
Mailing Address: Street Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited	Liability Company as Florida Limited Liabil	it now appears on our recor ity Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liab	oility Company wer	e filed on <u>03/06/24</u>	and assigned
Florida document number <u>L240001147</u> ;	<u>, 22 </u>		
This amendment is submitted to amend the follow	ring:		
A. If amending name, <u>enter the new name of t</u>	he limited liability	company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Co	ompany," the designation "LLO	O" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regagent and/or the new registered office address) Name of New Registered Agent: New Registered Office Address:	istered office addr here:		
		, F	lorida
		City	Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the reg- company has been notified in writing of this ch	agent and agree to and complete perf red agent as provi tistered office add	ormance of my duties, a ded for in Chapter 605,	nd I am familfक्षि; wसि and F.S. Or, if th हिन्देन ट्रिंगांटमा is—,

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>	Address	Type of Action
MGR	chett Cockcill	5937 Lutesby St. Boca Ra	<u>lon</u> [€Add
		FL 33433	□Remove
			
MGR	Alex Cockrill	5328 Grand Banks Blvd.	🗹 Add
		Greenacres FL 33463	□Remove
			ElChange
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			S Carlove
			Chilinge Property Company
			TARRESTA
			□Change

Tective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90.	(optional) Leavs after tiling 1 Pursuant to 605 (C
te: If the date inserted in this block does not meet the applicable statutory filing requires cument's effective date on the Department of State's records.	nents, this date will not be listed
current serieure date of the Department of State S records.	
	fier of: (b) The 90th day after th
is filed.	2021 SEC
is filed.	2024 OCT SECRE TALL
ted OCFOBER 2 . 2024 . Signature of a member or authorized representative of a member of	2021 OCT -7 SECREDAIN TALLAHAS

Filing Fee: \$25.00