LZ4 000 19 575

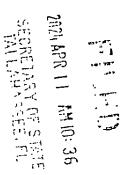
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| <u></u> |





500427374165

04/11/24--01012--015 **25.00



COVER LETTER

| TO: Registration Se Division of Co | | · | | | |
|---|--|---|--|--|--|
| Essential S | even Sigma LLC | | | | |
| SUBJECT: | | | | | |
| | Name of Lin | nited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Dustin Geroski | | 5 | | |
| | | Name of Person | 30 2 . | | |
| | Essential Seven Sigma LL | С | RETA LLL AI | | |
| | | Firm/Company | | | |
| | 3237 Carpentaria Dr | | SEGRETARY SE STATE | | |
| | | Address | | | |
| | New Smyrna Beach FL 32 | 168 | <i>(</i> 17) | | |
| | dwilliamgs@gmail.com | City/State and Zip Code | | | |
| | | to be used for future annual report not | fication) | | |
| | concerning this matter, please c | all: | | | |
| Dustin Geroski | | 314 482-4870 | | | |
| | en | at () | 71.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | |
| Name o | of Person | Area Code Daytin | e Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ \$25.00 Filing Fcc | ☐ \$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 | | Street Address: | ation. | | |
| Registration Section Division of Corporations | | Registration Se | | | |
| P.O. Box 632 | | Division of Corporations The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Essential Seven Sigma LLC | | |
|---|---|---|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Companies L.24000119575 Florida document number | y were filed on $\frac{03/08 \cdot 2024}{}$ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 2021 SE |
| _ | | 产品 图 "可 |
| | | |
| Enter new mailing address, if applicable: | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| Mailing address MAY BE A POST OFFICE BOX) | | 700 5 |
| Musing address MAT DE AT (0.51 OFFICE DOM) | | 257 ω |
| | ~ | 1 11 0 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, | enter the name of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street | ulling |
| | Enter Pionda street | autress — |
| | (2) | Florida Zip Code |
| | Ciţi | Lip 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 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 |
|--------------|------------------------|---|-----------------|
| AMBR | Hukilau Enterprise LLC | 30 N Gould st STE R. Sheridan, WY 82801 | □Add |
| | | | ≡ Remove |
| | | | □ Change |
| MGR | Dustin Geroski | 3237 Carpentaria Dr New Smyrna Beach FL 32168 | = Add |
| | | ACCATO | Change |
| | | 77.2 (0) (1) (1) (1) | ☐ Add |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |

| I just | need to | polate | Sun biz | 50 | that | |
|--|---------------------------|---------------------|-----------------|---------------------------------------|--|-----------------|
| Hukilau E | Enterprise L. | LC is | no lo | user | the h | oldin |
| | Cor Essent | | | | | |
| | -201 | | -23.5.5 | <u> </u> | | _ |
| | | | | ••• | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | - | |
| | | | | | | |
| | | | | | • | |
| | | . | | | (/) | 25 |
| | | | | | <u> </u> | 2021 A |
| | | | | | | #PR |
| | | | | | ニカック | = ." |
| | | | | | (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | - T |
| | | | | | <u> </u> | <u>ာ</u> ယ |
| | | | | | , Fri | <u> </u> |
| | | | ···- | | | |
| | | | | | | |
| | | | | | | _ |
| | | | | | . | |
| ective date, if other than | the date of filing: | | | 4 | optional) | |
| effective date is listed, the date | must be specific and cann | | | than 90 days | after filing.) Pu | |
| e: If the date inserted in the ument's effective date on the | | | idiory raing it | :qunement | s. this date wit | i not oc listed |
| | | | | | | |
| cord specifies a delayed effe s filed. | ctive date, but not an e | ffective time, at 1 | 2:01 a.m. on | the earlier o | of: (b) The 90 |)th day after t |
| | • | | | | | |
| 04-04 ed | 20 | | | | | |
| | J. 12 | | | | | |
| 50 / | Alli Heros | <i>H</i> , - | | | | |
| | Signature of a memb | er or authorized re | presentative of | a member | | |