L24000202453

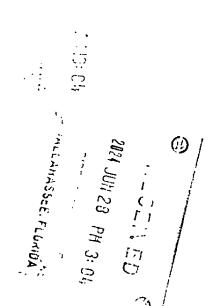
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	Business Entity Name)	<u>.</u>
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Office Use Only



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COVER LETTER

Division of Co	orporations		
SUBJECT:ES.	TC. VC LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	VEDONICA E CORR	EA DEDEIDA	
	VERONICA E CORR		
		Name of Person	
		Firm/Company	
		rimicompany	
	3785 NE 168 STREE	Т	
		Address	1
	NORTH MIAMI BEAC	CH, FL 33160	
		City/State and Zip Code	
	ana@cervettalaphar	n.com	•
		to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	fication)
Ana Cerverta-Laph	nam	at (<u>305</u>) <u>275</u> 32	48
Name	of Person	Area Code Daytime	e Telephone Number
P. 1 . 4' h	the Calleria and a		
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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ES. 1C. VC LLC			
(<u>Name of the Limited Liat</u> (A Flor	ility Company as it now appears on our ida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Florida document number L24000202453	Company were filed on 04/30/20	24 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADI	DRESS)	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
		•	
Enter new mailing address, if applicable:		• • •	
(Mailing address MAY BE A POST OFFICE BOX)			_
		0.8	
B. If amending the registered agent and/or regressioned agent and/or the new registered office ac		ecords, <u>enter the name of th</u>	<u>e nev</u>
Name of New Registered Agent:		<u>.</u>	
New Registered Office Address:	Enter Florida stree	t address	
		Florída	
	City	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>	<u>Name</u>	Address	Type of Action
MGRM	CORREA PEREIRA, VERONICA E	3785 NE 168 STREET	Add
		NORTH MIAMI BEACH, FL 33160	☑ Remove
			Change
			☐ Remove
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		· · · · · · · · · · · · · · · · · · ·	` □ Add
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Voronica & Correa Pergira Signature of a member or authorized representative of a member	ted JUNE 28	. 2024	
·		Moronica & Correa Do Signature of a member or authorized representativ	reina e of a member

Page 3 of 3

Filing Fee: \$25.00