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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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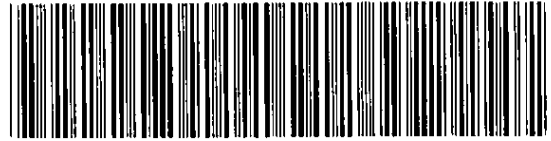
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(Business Entity Name)

\_\_\_\_\_  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ESP FAMILY HOLDINGS 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:

STEPHEN GUERRERO

Name of Person

GUERRERO LAW GROUP PLLC

Firm/Company

6625 MIAMI LAKES DR SUITE 310

Address

MIAMI LAKES FL 33014

City/State and Zip Code

SGUERRERO@THEGUERREROLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN GUERRERO

305 4886250  
at ( )

Name of Person

Area Code

Daytime Telephone Number

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:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**If Changing Registered Agent, Signature of New Registered Agent**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	THE REVOCABLE TRUST OF ESPINAL FAMILY	6625 MIAMI LAKES DR SUITE 310	<input type="checkbox"/> Add
		MIAMI LAKES FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THE REVOCABLE LIVING TRUST OF THE ESPINAL AND NUÑEZ FAMILY	6625 MIAMI LAKES DR SUITE 310	<input checked="" type="checkbox"/> Add
		MIAMI LAKES FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 9TH 2024

/s/ Stephen Guerrero

Signature of a member or authorized representative of a member

STEPHEN GUERRERO

Typed or printed name of signee

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