L24000359209

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(Only/Orlate/Elp/1 Herice #)					
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COVER LETTER

	egistration Sec vision of Corp						
SUBJECT	E'S GENER.	ATONAL GROWTH LLC					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limi	ited Liability Company				
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please retur	n all correspon	dence concerning this matter	to the following:				
		KENNETH ELDELL II					
			Name of Person	·			
E'S GENERATIONAL GROWTH LLC							
Firm/Company							
	1734 NE KELLY DR						
			Address				
		ARCADIA, FL 34266					
			City/State and Zip Code	-			
•		E-mail address: (t	o be used for future annual re	port notification)			
For further	information cor	ncerning this matter, please ca	ilt:				
KENNETH ELDELL II 863 956-6334							
Name of Person			at () Area Code	Daytime Telepho	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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E'S GENERATONAL GROWTH LLC

(Name of the Lin	ited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Florida document number L24000359209	Liability Company	were filed on 8/15/2024	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
E'S GENERATIONAL GROWTH LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office : ess here:	address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addr	ens.
			lorida
		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 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>	Name	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A 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. SEPTEMBER 18 Dated Signature of a member or authorized representative of a member KENNETH ELDELL, II

Filing Fee: \$25.00

Typed or printed name of signee