1096600 20191

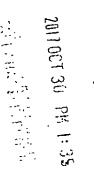
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700305013017

10/30/17--01018--024 **25.00



K. SALY OCT 3 1 2017

Shipping Request Form



SEND TO:
COMPANY#
COMPANY Florida Division of Corporations
CONTACT NAME Registration Section
ADDRESS
Registration Section Division of Corporations PO Box 6327 (Tallahassee, EL 323.14
PHONE
SHIPPING NOTES:

Incomplete forms may delay shipping and require routing back to the requestor.

Any questions, Contact your local Shipping & Receiving Department. Thank you for your cooperation!

COVER LETTER

TO: Registration 8 Division of Co			
ECONDO SUBJECT:	SYSTEMS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Carlos Alonso		
		Name of Person	
	ECONDOSYSTEMS, LL	С	
		Firm/Company	
	P.O. Box 771236		
		Address	
	Coral Springs, F1, 33077		
		City/State and Zip Code	
	calonso@econdosystems.co		•
		to be used for future annual report notit	ication)
For further information	concerning this matter, please c	all:	
Chris Zlatoper		216 \$25-6833 at ()	
Name	of Person	Area Code Daytime	e 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2017 OCT 30 PM 1: 36

ECONDOSYSTEMS, LLC

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)

the Articles of Organization for this Limited Lia	bility Company w	ere filed on <u>Oc</u>	tober 26, 2017	and assigned
Florida document number 1.09000020191	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	t <u>he limited liabili</u>	ty company he	ere:	
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the d	esignation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>ΟΧ)</u>			
Manual address MAT DE A LOST OFFICE B				
Huang address MAT DE ATOST OFFICE B				
	r registered offi			
B. If amending the registered agent and/o				
B. If amending the registered agent and/o				
B. If amending the registered agent and/o	ce address here:	ee address on		iter the name of the n
B. If amending the registered agent and/oregistered agent and/or the new registered office of New Registered Agent:	ce address here:	ee address on	our records, <u>e</u>	iter the name of the n
B. If amending the registered agent and/o registered agent and/or the new registered offi	ce address here:	ee address on	our records, <u>e</u>	iter the name of the n
B. If amending the registered agent and/oregistered agent and/or the new registered office of New Registered Agent:	ce address here:	ee address on	our records, <u>er</u>	iter the name of the r

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Roman Telerman	28925 Fountain Pkwy	≅ Add
	Solon, OH 44139	□ Remove	
MGR Christopher Zlatoper	Christopher Zlatoper	28925 Fountain Pkwy	= Add
		Solon, OH 44139	Remove
			Change
			Change
			Q'Add 3
			□ Remove
			□ Change
		Add	
			Remove
			□ Change
			Add
			Remove
			☐ Change

 			
			100 30
			<u>رن کی کی </u>
			13.5. 13.5. 13.5.
			27
			—————————————————————————————————————
· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·	
			
· · · · · · · · · · · · · · · · · · ·			
fective date, if other than the	date of filing:		(ontional)
n effective date is listed, the date musioner: If the date inserted in this blocument's effective date on the Decument's	be specific and cannot be prior to cock does not meet the applicable	date of filing or more than 90 day	s after filing.) Pursuant to 605.0207
record specifies a delayed The 90th day after the reco	effective date, but not a ord is filed.	nn effective time, at 12	:01 a.m. on the earlier o
October 25th	2017		
	·		
	_ (long	= 0	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00