

LD9000080631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

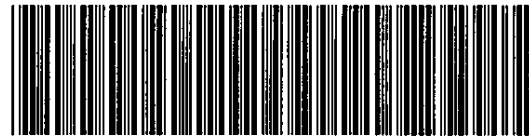
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600254931846

12/23/13--01008--001 **25.00

FILED
2013 DEC 27 PM 5:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 30 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MILAGRO DRESSAGE, 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:

DONALD K PORGES, CPA
Name of Person

DONALD K PORGES, CPA, LLC
Firm/Company

1880 N CONGRESS AVE, STE 215
Address

BOYNTON BEACH, FL 33426
City/State and Zip Code

DPORGES@DPORGES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD K PORGES at (**561**) **737-5568**
Name of Person Area Code & Daytime Telephone Number

FILED
2018 DEC 27 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
TO
ARTICLES OF ORGANIZATION
OF**

MILAGRO DRESSAGE, 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 Liability Company were filed on 10/27/2010 and assigned Florida document number L09000080631.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

E.C.P. OPPORTUNITIES, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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 608, 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

FILED
2010 DEC 27 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove



SECRETARY OF STATE
FLORIDA
2013 DEC 27 PM 5:10
TALLAHASSEE
Add
Remove

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Business is changing its name.

Dated 12 / 20 / 2013.

Signature of a member or authorized representative of a member

Ed L. PINTO CHRISTINE L. PINTO

Typed or printed name of signee

FILED
2013 DEC 27 PM 5:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA