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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EC TRIM 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:
BALTAZAR B. REYES Name of Person
EC TRIM LLC Firm/Company
4803-19th 5+WARTB
BRADENZON, FL 34207 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Baltazas B. Reyes at (941) 592 - 2490 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(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**

FILED 2015 JUL 14 PM 2: 57

SECRETARY OF STATE TALLAHASSTE, FLORIDA

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number \(\(\bigcup \) \(\lambda \) \(\lamb	ny were filed on <u>D& - DQ. 2010</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liz	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4803-19th St WAD+B
(Principal office address MUST BE A STREET ADDRESS)	Bradenton, FL 34207
Enter new mailing address, if applicable:	4803-19th 5+WApt B
(Mailing address MAY BE A POST OFFICE BOX)	Bradenton, FC 34207
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	razar B. Reyes
New Registered Office Address:	3-19th S+WAP+B Enter Florida street address
Brade	Florida 34207 Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>

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

or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> <u>Address</u> **Type of Action** Ernesto Cantu 4811-18th St W MGRM Bradenton, FL 34207 _□ Change MGRM Carlos Morales Romeo 911-34th Ave W Bradenton, FL 34205 ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

_□ Change

		 						
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Filing Fee: \$25.00