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COVER LETTER

TO:

	gistration Se vision of Cor					
	EA&C LLC	•				
SUBJECT:	T:Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please returi	n all correspo	ndence concerning this matter	to the following:			
	MARIA CLAUDIA PENA					
			Name of Person			
			EA&C LLC			
			Firm/Company			
		1150) NW 72 AVE SUITE 425			
			Address			
			MIAMI, FL 33126			
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
			IZ@BC-ACCOUNTING.ORG			
For further i	intormation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	othication)		
i or immeri		<u>-</u>				
		IZ CRUZ	786 265-1997 at ()			
	Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address: Registration S	Section			
Registration Section Division of Corporations			Division of C			
P.0	O. Box 632	7	The Centre of			
Та	illahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EA&C LLC		101. DTO 5.	le	
EA&C LLC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now ap: ability Compar	pears on our reco iy)	rds.)	
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L18000285840}{L18000285840}$.	vere filed on	12/12/2018		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company	y here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," t	he designation "LI	.C" or the abbrev	viation "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 adapta and/or the new registered office address here:	ddress on ou	ir records, <u>ent</u> c	er the name o	f the new registere
Name of New Registered Agent:		_,		
New Registered Office Address:				
New Registered Office Address.	Enter	Florida street addr	ess	
		, 1	- 	Zip Code
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of	performance rovided for i	e of my duties, in Chapter 605	and I am fam 5. F.S. Or, if t	iliar with and his document is

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALICIA GALVIS	1150 NW 72 AVE SUITE 425 MIAMI, FL 33126	WAdd
			□Remove
			Change
AMBR	EMMA GALVIS	1150 NW 72 AVE SUITE 425 MIAMI, FL 33126	DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			□Change

		
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fective date, if other than the dat	e of filing:	(optional)
in effective date is listed, the date must be : ite: If the date inserted in this block	pecific and cannot be prior to date of filin loes not meet the applicable statutory	ng or more than 90 days after filing.) Pursuant to 605.0207 y filing requirements, this date will not be listed as
cument's effective date on the Depar	ment of State's records.	
ecord specifies a delayed effective data is filed.	e, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
is trica,		
December 8	2021	
: 1 1		
1 <i>l l l l l l l l l l</i>	/\	
Sign	iture of wmember or authorized represer	ntative of a member
	MARIA CLAUDIA PEN	√Α

Filing Fee: \$25.00