## L23000319722

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And

## **COVER LETTER**

TO: Registration Section Division of Corporations						
ECUS HOLDINGS LLC						
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	BARBARA RUIZ-GONZ	ALEZ				
	Name of Person					
	RUIZ-GONZALEZ LAW	PLLC				
	Firn/Company					
	PO BOX \$33059					
		Address	<del></del>			
	MIAMI, FL 33283					
		City/State and Zip Code				
	barbara@ruizgonzalezlaw.c	com (to be used for future annual report not	745			
For further information c	oncerning this matter, please c	·	incation)			
BARBARA RUIZ-GONZALEZ		305 814-4224				
Name of Person		at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	he 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 (		<u>Street Address:</u> Registration Se	ection			
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECUS HOLDINGS LLC	
( <u>Name of the Limited Liability Company</u> ) (A Florida Limited Liab	as it now appears on our records.) olity Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000319722</u>	ere filed on $\frac{07/05/2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability"	Commany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	TASSE D
Mailing address MAY BE A POST OFFICE BOX)	E. S. C.
_	—————————————————————————————————————
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Planida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	EDUARDO A ALVARADO ROD	6574 N STATE ROAD 7	□Add
		COCONUT CREEK, FL 33073	<b>■</b> Remove
			□ Change
AMBR ERNESTO A ALVARADO RODR	ERNESTO A ALVARADO RODR	6574 N STATE ROAD 7	■Add
		COCONUT CREEK, FL 33073	□Remove
		□Change	
		□Add	
			□Remove
		☐Change	
		□Add	
		□Remove	
			□Change
		□Add	
			□Remove
			□Change
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MEMBER NAME WAS MISSPELLED SO AMENDING TO CORRECT IT. (optional) E. Effective date, if other than the date of filing: \_\_\_ (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. Dated \_\_\_ July 17 //Signature of a member or pathorized representative of a member BARBARA ŖŀďŹ-GONZALEZ. AUTH REP<sup>Ĺ</sup>

Filing Fee: \$25.00

Typed or printed name of signee