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SECRETARY OF STATE
(ALLAHASSEE FLORIDA

T. HAMPTON

JUN 1 0 2008

EXAMINER

COVER LETTER

Division of Co	rporations		
SUBJECT: EC! Ho	oldings LLC		
		nited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Steven I mime		
	Steven Levine	(Name of Person)	
	EQUIPMENT II C		
	ECI Holdings LLC	(Firm/Company)	
	123 NW 13th Street, Sui	to 207	
	120 HVV Tour Outest, our	(Address)	
	Boca Raton, FL 33432		
		(City/State and Zip Code)	
For further information of	concerning this matter, please o	all:	
Steven Levine		at (561) 392-5001	
(Name of Person) (Area Code & Daytime Telephone Number)			elephone Number)
Enclosed is a check for t	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 Section ·

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

FILED

08 JUN -9 PM 2: 5

SECRETART OF STATE
TALLAHASSEE, FLORID

ECI Holdings 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 June 6, 2002 and assigned

Florida document number L02000013999

This amendment is submitted to amend the following:

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

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:

[23 NW 13th Street, Suite 207]

Enter new mailing address, if applicable:

[23 NW 13th Street, Suite 207]

[24 NW 13th Street, Suite 207]

[25 NW 13th Street, Suite 207]

[26 NW 13th Street, Suite 207]

[27 NW 13th Street, Suite 207]

[28 NW 13th Street, Suite 207]

[28 NW 13th Street, Suite 207]

[29 NW 13th Street, Suite 207]

[20 NW 13th Street, Suite 207]

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:

Steven Levine

New Registered Office Address:

123 NW 13th Street, Suite 207

(Enter Florida street address)

Boca Raton

_, Florida <u>33</u>432

(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)

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>	Name	Address	Type of Action
MGRM_	Ronald Conte		Add Remove
	<u> </u>		Add Remove
			Add Remove
	•		Add Remove
·			Add Remove
			Add Remove
D. If amendir	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
		ALL AHAS	
		SSEE, FLOR	-9 PH 2
Dated June 5	, 2008		<u>ড</u> জ
-	Signature of a member of	or authorized representative of a member	
_	Steven Levine	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00