## 102000029638

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
· (Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
A. LUNT						
JUL <b>2 2</b> 2008						

**EXAMINER** 

Office Use Only



800133130958

07/21/08--01009--010 \*\*25.00

SECRETARY OF STATE

## **COVER LETTER**

Division of Corp				
SUBJECT: E	COM, LLC (Name of Limi	ted Liability Company)		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	LONAIN RO	OUSSEAU (Name of Person)		
	ECOH, LLC	(Firm/Company)	7008 SEC	
	1800 N BAY	SHORE DR # 1905 (Address)	JUL 21 RETARY AHASSI	<u> </u>
	MIANI, FL	33132 (City/State and Zip Code)	OF STATE	」 ブ
For further information co	ncerning this matter, please ca		TATE TO THE TABLE	
ROMAIN ROUS	SEAU Person)	at ( <u>786</u> ) 547 579 (Area Code & Daytime T	<b>u</b> Felephone Number)	
Enclosed is a check for the	e following amount:			
<b>№</b> \$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 enclose	sed)

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

ECOM	LLC	**		<del></del>		
( <u>Name of the Limited</u> ) (A	Florida Limited Lia	bility Company)	n our records.)			
The Articles of Organization for this Limited Lia	ability Company w	ere filed on	06/02	and assigned		
Florida document number 1 02 00002 96	38			4.		
This amendment is submitted to amend the followard.  A. If amending name, enter the new name of	_	ty company here:	SECRETARY TALLAHASSE			
			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	П		
The new name must be distinguishable and end with "L.L.C."	n the words "Limited	d Liability Company,	" the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applica	able:	1800 N	BAYSHORE	OR # 1905		
(Principal office address MUST BE A STREE	FL 33132					
Enter new mailing address, if applicable:	1800 N BAYSHORE OR #1905					
(Mailing address MAY BE A POST OFFICE )	MIANI, FL 33132					
B. If amending the registered agent and/or registered agent and/or the new registered of		ce address on our	· records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:						
New Registered Office Address:	1800 N	BOON BAVSHORE DR #1905  (Enter Florida street address)				
r(I)		n/	, Florida	33132		
		(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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or <u>Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Name **Address** 1800 N BAYSHORE DR #1905 Add

Remove
Change Address ROHAIN ROUSSEAU NGR Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) \_\_ Remove Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00