L04000036186

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON FEB 2 0 2009

EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporation					
SUBJECT:	ECHO AR	TZ, LLC			
		ited Liability Company)			
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	CHARU	(Name of Person)			
		(Name of Person)			
ECHO ARTZ, LLC					
		(Firm/Company)			
	1501 1	ZEGAL OAK DRIVE			
		(Address)			
	K15511	MMEE, FL 3470 (City/State and Zip Code)	44		
		(City/State and Zip Code)			
For further information con CHALLES (Name of 1)	recerning this matter, please control of the second	all: at (321) 689 - 42 (Area Code & Daytime T	elephone Number)		
Enclosed is a check for the	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)		
MATI IN	C ADDRESS.	STOFFT/COUDIFD	ADDPSS		

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

ECHO ARTZ, L	LC			
(Name of the Limited Liability (A Florida L		ears on our records.) y)		
The Articles of Organization for this Limited Liability Co. Florida document number <u>L040000 36186</u>	ompany were filed on	4.21.2008	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limi</u>	ted liability company	<u>here</u> :		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Cor	mpany," the designation "L	LC" or the	abbreviation
Enter new principal offices address, if applicable:			•	·
(Principal office address MUST BE A STREET ADDR	ESS)		0	<u> </u>
				SEC
			8	25 T
Enter new mailing address, if applicable:			9	F CKY
• • •			7.E	- 걸었다
(Mailing address MAY BE A POST OFFICE BOX)			=	
	·		<u>_</u>	- 22
		_	•	SHO
B. If amending the registered agent and/or regist		n our records, <u>enter t</u>	he name	of the nev
registered agent and/or the new registered office add	ress nere:			
Name of New Registered Agent:				
N D : 10m All				
New Registered Office Address:		(Enter Florida street add	dress)	
	, Florida			
	(City)		(Zip Co	de)

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 **Type of Action** <u>Title</u> Name **Address** 784 6. MICHIGAN ST. # 25 JOHN F. KAMINSKI ☐ Add Remove BENJAMIN PAPHAEL 230 CAROLINA AVE ST. CLOUD, FL 34769 🗖 Add Remove ☐ Add Remove ☐ Add ☐ Remove **∫** Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEBG 16 Dated Signature of a merginer or authorized representative of a member CHARLES J. YEX Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00