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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

ΓΟ: Registration Section Division of Corporations
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Echelon LC Firm/Company
St. Petersburg FL 33701 City/State and Zip Code Christie @ eche longe com E-mail address: (to be used for future annual report notification)

inclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our rec	cords.)
(A Florida Limited Liability Company)	1
The Articles of Organization for this Limited Liability Company were filed on $\frac{OS O}{OOO}$	$\frac{1207}{}$ and assigned
riorida document number CO HOLACO [8 5 13.	
This amendment is submitted to amend the following:	2019 SAFO
A. If amending name, enter the new name of the limited liability company here:	三二 芒茲 吊 一覧
ECC Investor III. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "I	2019 DEC 23 SECRE ME
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C." 1
Enter new principal offices address, if applicable:	Tu O O
(Principal office address MUST BE A STREET ADDRESS)	FA 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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B. If amending the registered agent and/or registered office address on our records, <u>en</u> <u>agent and/or the new registered office address here</u> :	ter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street ada	dress

	, Florida 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 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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, i If an effective date i Note: If the date document's effec	s listed, the date me inserted in this	iust be specific and block does not t	d cannot be prior a meet the applica					
e record specifies rd is filed.	a delayed effect	ive date, but no	t an effective tir	me, at 12:01 a.n	n, on the earlier o	of: (b) The 90t	h day after th	ic
Dated	inhor	19	2019	_ · _ ·	- 17	([
		Signature of a	member or autho	rized representati	ve of a member	overa tat	<u>از ک</u>	
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Filing Fee: \$25.00