## L08000019890

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SECRETARY OF STATE

D. SCOTT NOV 17 2015

## **COVER LETTER**

Division of Co				
famele Far	mily LLC			
Sobsect.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Nancy Gaggino			
		Name of Person		
		Firm/Company		
	350 Taft st, Apt 2			
		Address		
	Hollywood, FL 33019			
	•	City/State and Zip Code		
	ngaggino@gmail.com			
	E-mail address: (	to be used for future annual report notific	ution)	ALL SEC
For further information of	concerning this matter, please ca	all:		超更五
Nancy Gaggino		443 627-3456 at ()		FILED NOV 14 PM NHASSIE.F
	of Person	Area Code Daytime	l'elephone Number	ARY OF STATE ASSIFE, FLOWIDA
Enclosed is a check for t	he following amount:			Bu 2
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

Iamele Family LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L08000079890</u>	any were filed on August 20, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Econorte LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	350 Taft st, Apt 2, Hollywood, FL 330	019
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
		T SE SE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by		CRE name of the new
Name of New Registered Agent:		TEST 5
New Registered Office Address:		<b>設計 5</b>
	Enter Florida street address	
	, Florida	
	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 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 Changing Registered Agent, Signature of New Registered Agent

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
MGRM	Miguel Angel Iamele		Add
		1534 Polk st, Hollywood FL 33019	■ Remove
			Change
MGR	Nancy Gaggino	350 Taft st #2, Hollywood FL 3301	B Add
			Remove
			Change
			Remove
			☐ Change
			□ Add
			Remove  I ALLAHASS
			ASSEE, FLURIDA Change
			□ Add
			☐ Remove
			□ Change

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•	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00