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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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T. CLINE
JUL 2 8 2009
EXAMINER

COVER LETTER

Division of Co	rporations				
SUBJECT:	Ecco	Best, LLC			
		ted Liability Company	4 32 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	,				
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		,	
Please return all corresp	ondence concerning this matter	to the following:			
		Claudia Carrero			
		Name of Person			
	CE	BS Financial, CPA PA			
		Firm/Company			
	6209 \	W Commercial Blvd, Ste	e 7		
		Address	,		
		Tamarac, FL 33319		200 SE	
		City/State and Zip Code		2009 JUL 27 SECRETARN	-1
	Cbs E-mail address: (1	financialcpas@aol.com to be used for future annual report	notification)	L21	
For further information	concerning this matter, please c	all:		Lad	
Cl	audia Carrero	at (_954_)	724-4141	AM IO: 48 OF STATE E. FLORIDA	, p. 18
Name	of Person	Area Code & Da	nytime Telephone Number	8	
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 encl	losed) Certified	te of Status &	
		omp p p p c	Which + pppec		

MAILING ADDRESS:

Registration Section

TO:

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

	Ecco Best, LL0	O	
(Name of the Limite	d Liability Company as it n A Florida Limited Liability C	ow appears on our records. Company)	<u>.</u>)
The Articles of Organization for this Limited I	Liability Company were file	ed on07/20/2009	9 and assigned
Florida document number L0900005	<u>7016 </u> .		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability con	ipany here:	
	N/A		
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if appli	cable: N/A		- Architektur -
Principal office address MUST BE A STRE	ET ADDRESS)		2009 SE 6
			T> 27
			HAX.
Enter new mailing address, if applicable:			IL 27 AMU TARY OF S
(Mailing address MAY BE A POST OFFICE	S BOX)		
			5 6
B. If amending the registered agent and		lress on our records, <u>en</u>	ter the name of the ne
registered agent and/or the new registered	office address here:		
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida stree	et address
		, Florid	la
	City	, - 301 30	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 Type of Action Title **Name Address** Rodriguez, Reiner MGR 8635 SW 15 St ☐ Add √ Remove Hollywood, FL 33025 Anthony A Martinez ✓ Add MGR 12754 SW 23 ST Remove Miramar, FL 33027 ☐ Add ☐ Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A July 20 2009 Dated Signature of a member or authorized representative of a member Carlos Krockel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00