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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nar	ne)
(50	omose Emai, ria	
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Chariel Instructions to	Eiling Officer	
Special Instructions to	Filing Officer.	

Office Use Only



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S. HAWKES

JAN 1 2 2010

EXAMINER

COVER LETTER

Division of Co.	rporations				
SUBJECT:	ECC	D BEST, LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
		· · · · · · · · · · · · · · · · · · ·			
		Anthony Martinez			
		Name of Person			
		ECCO BEST, LLC Firm/Company			
		ritheCompany			
	15	476 NW 77 Court #149			
		Address			
		Barriel alone El 00040			
	Miami Lakes, FL 33016 City/State and Zip Code				
	·				
	E-mail address: (ccobest@yahoo.com to be used for future annual report notific	ation)		
For further information of	concerning this matter, please o	eall:			
	, , p				
Anti	nony Martinez	at (305) 4	69-4446		
Name o	Name of Person Area Code & Daytime Telephone Number		Telephone Number		
Enclosed is a check for t	he 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)		

TO:

Registration Section

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

	ECCO BEST, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appearida Limited Liability Company)	rs on our records.)	
·	• • •		
The Articles of Organization for this Limited Liabil	ity Company were filed on	06/11/2009	and assigned
Florida document number L090005701	<u>6</u> .		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Comp	any," the designation "L	Le or the abbreviation
L.L.C.			经复卫
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		191-1 DI
			4 2 6
			55 5
Enter new mailing address, if applicable:			EM -
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office	nuuress nere:		
Nouse of New Designand Accept			
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	ıter Florida street addı	ress
-		, 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	RANDY VARGAS	13224 SW 51 Street	Add
<u> </u>		Miramar, FL 33027	Remove
			三
	**************************************		Add Remove
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	-		Remove C
	·		Add Remove
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			[]Add
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D. If amend	ling any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)	
_			
			 .
·			_
Dated	October 21		
	1		
	Signature of a	member or authorized representative of a member	
		Anthony Martinez	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00