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TALL AHASSEE. FLORID

T

M. THOMAS

NOV 1 7 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	EC M	lanatee, LLC	
		ited Liability Company	
	f Amendment and fee(s) are sui	_	
Please return all corresp	ondence concerning this matter	r to the following:	
		Paul Gonnella	
		Name of Person	
EC Manatee, LLC			
		Firm/Company	2
	101 Waterbridge Lane		SEC SEC
		Address	平 2
•		Jupiter, FL 33458	2009 NOV 16 AM 10: 25 2009 NOV 16 AM 10: 25 SECRETARY OF STATE TALLAHASSEE, FLORID
	City/State and Zip Code		TOP I
ecmanatee@hotmail.com E-mail address: (to be used for future annual report notification)		ORNE OR 25	
For further information	concerning this matter, please of	•	7
P	aul Gonnella	at (508) 221	I-2871
Name of Person		at (508) 22 Area Code & Daytime Tel	
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)
	LING ADDRESS: tration Section	STREET/COURIER A	ADDRESS:
Division of Corporations		Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EC Mana	tee, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 12, 20	09 and assigned
Florida document numberL0900098348		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4817 SE Dixie Highway	708 T
(Principal office address MUST BE A STREET ADDRESS)	Port Salerno, FL 34997	是 三
Enter new mailing address, if applicable:	4817 SE Dixie Highway	ASSEE. I
(Mailing address MAY BE A POST OFFICE BOX)	Port Salerno, FL 34997	OF 25
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		
	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 **Address Type of Action** Title Name Michael Politano MGR 190 Quarry Knoll Rd ✓ Remove Juniter FL 33458 Richelle Politano 190 Quarry Knoll Rd Jupiter, FL 33458 MGR ✓ Add Remove ☐ Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

ignature of a member or authorized representative of a member

Paul Gonnella
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00