# 110000104172

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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## **COVER LETTER**

TO	: Registration Se Division of Co	ection rporations		
CIII	DIECT.		A SYSTEMS. LLC	
301	BJECT:		ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Plea	nse return all correspo	ondence concerning this matter	to the following:	
			ABRAHAM MENDEZ	
			Name of Person	
			Firm/Company	
		3275	S JOHN YOUNG PKWY STE 201	
			Address	
			KISSIMMEE, FL 34746	
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For	forther information c	oncerning this matter, please ca	dl:	
		M MENDEZ	631 926- at () Area Code Daytime	2632
	Name o	f Person	Area Code Daytime	Telephone Number
Enc	losed 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:

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

	EC DATA SYSTEMS, LLC		
(Name of the Limited Li (A F)	<u>ability Company as it now appears o</u> orida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabili Florida document number L10000104172		10/05/2010	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here	;	
The new name must be distinguishable and contain the words.  Enter new principal offices address, if applicables (Principal office address MUST BE A STREET AL		gnation "LLC" or the ab	breviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	2		16 J
B. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on o	ur records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	ABRAH/	AM MENDEZ	1:07
New Registered Office Address:		OUNG PKWY STE 20	)1
	Enter Florida	street address	
	KISSIMMEE	, Florida	34746
	Ciţ		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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	SANDRA COLOMBO	3275 S JOHN YOUNG PKWY	□ Add
		STE 201	■ Remove
		KISSIMMEE. FL 34746	Change
MGRM	ABRAHAM MENDEZ	3275 S JOHN YOUNG PKWY	_ ■ Add
		STE 201	□ Remove
		KISSIMMEE, FL 34746	
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Iffective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d.  Note: If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	_ (optional) lays after filing.) Pursuant to ents, this date will not be	605.0207 (3 listed as th
ie record specifies a delayed effective date, but not an effective time, at $1$ The 90th day after the record is filed.	2:01 a.m. on the ea	arlier of:
Dated JANUARY 8 2016		
Signature of a member or authorized representative of a member	r	_

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Filing Fee: \$25.00