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THE THE SECRETARY OF STATE

C. LEWIS

APR 1 5 2011

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		*	•
SUBJECT:	* Echo Cons	sulting Group, LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matte	r to the following:	
		Reid Christensen	
		Name of Person	
	Christensen	Accounting & Tax Service	ces, Inc.
		Firm/Company	
		515 NW 108 Ave	
		Address	
	С	oral Springs, FL 33071	
		City/State and Zip Code	
	reid	christensen@gmail.com to be used for future annual report no	otification)
For further information of	oncerning this matter, please		ouncutony
roi iuimei information e	oncerning this matter, please	can:	
Reid	Christensen	at (_954_)	448-0841
Name of	'Person	Area Code & Day	time Telephone Number
Enclosed is a check for th	e 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)

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

FILED

Echo Consulting Group, LLC

(Name of the Limited Liability Company as it now appears on priferorias SEE: FLORIDA

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

((A Florida Limited Liability Company)	TALLAHASSEL	FEURIDA	
The Articles of Organization for this Limite	d Liability Company were filed on	01/13/2011	and assigned	
Florida document number L11000	005246			
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nam	e of the limited liability company her	<u>e</u> :		
	Echo Consultants Group, LLC			
The new name must be distinguishable and end "L.L.C."	l with the words "Limited Liability Compa	ny," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if ap	plicable:			
(Principal office address MUST BE A STR	REET ADDRESS)			
		N		
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFIC	CE BOX)			
B. If amending the registered agent a registered agent and/or the new registered		our records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
	Eni	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 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 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 <u>Title</u> **Type of Action** <u>Name</u> **Address** MGRM June Storer 11043 Glenwood Dr. ✓ Add Coral Springs, FL 33065 Remove Reid Christensen MGR 515 NW 108 Ave ✓ Add Remove Coral Springs, FL 33071 ☐ Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JL Signature of a member or authorized representative of a member Reid Christensen

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00