

L110000035551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600214849226

12/09/11--01039--001 \*\*25.00

FILED  
11 DEC -9 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
DEC 12 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Econline LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pauline Felberg  
Name of Person  
Econline LLC  
Firm/Company  
5801 Imperial Key  
Address  
Tampa, FL 33615  
City/State and Zip Code  
rick@easycaronline.com  
E-mail address: (to be used for future annual report notification)

FILED  
11 DEC -9 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Richard Stotts at ( 813 ) 408-0873  
Name of Person Area Code & Daytime Telephone Number

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)

**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**

**ECONLINE LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/23/2011 and assigned  
Florida document number L11000035551.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 13498 Lawrence St.  
(Principal office address MUST BE A STREET ADDRESS) Spring Hill, FL 34609

Enter new mailing address, if applicable: 13498 Lawrence St.  
(Mailing address MAY BE A POST OFFICE BOX) Spring Hill, FL 34609

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Richard Stotts

New Registered Office Address: 13498 Lawrence St.  
*Enter Florida street address*

Spring Hill, Florida 34609  
*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.*

*Richard Stotts*  
**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

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                       | <u>Type of Action</u>  |
|--------------|-----------------|--------------------------------------|--|
| MGRM         | Pauline Felberg | 5801 Imperial Key<br>Tampa, FL 33615 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                 |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated December 5, 2011.

Pauline Felberg  
 Signature of a member or authorized representative of a member

Pauline Felberg  
 Typed or printed name of signee

FILED  
 11 DEC -9 PM 1:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA