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## **COVER LETTER**

TO: Registration So Division of Co					
SUBJECT: EC	CO Design & Con Name of Limite	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Joellen Di Eco Design	Name of Person  1 4 CONSTRUCTION   Firm/Company	lC		
	Tarpon Spi	Address  Address  Address  City/State and Zip Code	ALL ASSET	SECRETARY OF	To the second se
For further information	E-mail address: (to	be used for future annual report notificational:	on)	PM I: 17	ارته الاسراع التعاليم المسراع
Joelen Du	Ubow of Person	at (727) 934 - 409 Area Code & Daytime Tel	9		
Enclosed is a check for t	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 F Certificate of Certified Cop (additional co	Status &	sed)
MAII	LING ADDRESS:	STREET/COURIER	ADDRESS:		

Registration Section 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

(Name of the Hmited 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	ıd assigned
Florida document numberLII 000 10 72 168  This amendment is submitted to amend the following:	d assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:	
A. If amending name, enter the new name of the limited liability company here:	
The Articles of Organization for this Limited Liability Company were filed on	
"L.L.C."	
Enter new principal offices address, if applicable:	دن
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address here:  Name of New Registered Agent:	me of the nev
. Florida	
· · · · · · · · · · · · · · · · · · ·	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title.	<u>Name</u>	Address	Type of Action
MGRM	Scott Himelhoch	3933 Drayton Way	Add
		Palm Harbor, Fr 34685	Remove
Morm	Don Cantin	1731 Stable Trail Palm Harbor, FL 34685	Add
		Palm Harbor, Fr 34685	Remove
		For	Add
		SSE CE	Add Remove Add
<del></del>	·		Add
			Remove
<del> </del>	,		Add
			Remove
			Add
			Remove

f ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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: -	
· -	
_	
d -	<u> </u>
	Q Alla Laton
	Signature of a member or authorized representative of a member
	Foellen Dubow
	Typed or printed name of signee

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Filing Fee: \$25.00

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