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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Echon Holdings 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:
Rachel Pallatto Name of Person
Rachel Pallatto Name of Person Sunshine Sandwiches Firm/Company
14804 Enclave Lakes Drive, CZ
Delray Beach, FL 33484 City/State and Zip Code
RMPallatto @Yahoo.Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachel Pallatto at (646) 509-7606 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & }\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

Echor	Holdina	as LLC			
(Name of the Limited (A			rs on our records.)		
The Articles of Organization for this Limited Liz Florida document number <u>L 11 000 1</u>	ability Company			and assign	ed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of					
Sunshine Sandwing. The new name must be distinguishable and end with	ches	LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Comp	any," the designation "I	LLC" or the abbr	eviation
Enter new principal offices address, if applica	ıble:	14804	Enclave Lai	tes Dr., C	22
(Principal office address MUST BE A STREE)	(ADDRESS)	Delray	Enclave Lai Beach, F	L 334.	84
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14804 E Delray	nclave Lakt Beach, Fl	es Dr. C - 3348	2 24
B. If amending the registered agent and/oregistered agent and/or the new registered of	r registered of ice address her	Tice address on <u>e</u> :	our records, <u>enter t</u>	the name of t	he new
Name of New Registered Agent:	Rachel	Pallatto	<u>!</u>	N 1-3	or, spense gmense k
New Registered Office Address:					
		Ei	nter Florida street add , Florida	Iress ORID	المسايا
		City	, * 101 tua	Zip Code	
New Degistered Agent's Signature if changing D	agistared Agents				

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

Page 1 of 2

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** Dominique Stryker Rachel Pallatto MGR MER 14804 Enclave Lakes Dr. C2 Add Delray Beach, FL 33484 Rem Add Remove $\prod Add$ Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 25 2012 Rachel Pallatto
Typed or printed name of signee

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Filing Fee: \$25.00