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COVER LETTER

TO: Registration Section Division of Corporations

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EC DEVELOPMENT LLC

SUBJECT:

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:

Laura A Vogel, Esq.

Name of Person

Laura A. Vogel, P.A.

Firm/Company

12161 Ken Adams way, #110

Address

 Wellington, FL 33414
 Image: City/State and Zip Code

 Ivogel@vogellaw.org
 Image: City/State and Zip Code

 E-mail address: (to be used for future annual report notification)
 Image: City/State and Zip Code

 For further information concerning this matter, please call:
 Image: City/State and Zip Code

 Laura A Vogel
 561
 267-7493

Area Code

Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EC DEVELOPEMENT 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 January 25, 2012 and assigned Florida document number 112000011941

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	÷107	
(Principal office address MUST BE A STREET ADDRESS)	ACR 7	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	m F	

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

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	aZip 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MBR	Mujahed Ahmed	2826 Waters Edge Circle	_ 🗆 Add
		Greenacres FL 33413	_ 🗇 Remove
			_ Change
			_ 🗆 Add
	-		_ 🗆 Remove
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			_ DAdd
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

October 26 Dated	2022
Duktu	
	Vaita Safe
	Signature of a member or authorized representative of a member

Imtiaz Ahmed

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Typed or printed name of signee