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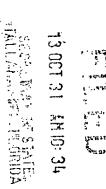
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C'OVER LETTER

TO: Registration S Division of Cor			
SUBJECT:	ECProPq Name of Limit	inting & Maintena	nu Service LLC
The enclosed Articles of	Amendment and fee(s) are subm	mitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Efrai	Name of Person	
	EC Pin	Dainting & Mainte	Epanie Service LLC
	1036C	Address Address	- 971764
	ec Dag	City/State and Zip Code efrain Comparating Clue Comparating Clue Comparating Clue Comparation for future annual responsibility and the used for future annual responsibility.	olla do Clive.com
D. Carlos in Consider			an),
	concerning this matter, please of		
Efrain	Collado	at (<u>786)</u> 908 6 547 Arrew Cirlia & Dugitime Tra	5 5 4.
		rnea Coda & Dagima To	electronic Number S.
Enclosed is a check for	-		ω man
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Boy 6027 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Chitten Building 2661 Executive Center Circle Tallahassee, FL 32301

If amending the Managers or Managing Member s 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>	Name	Address.	Type of Action.			
			Add			
			Remove			
			Kellove			
						
			\[\int \Lambda \] \[\Lambda \] \[\lambda \]			
			Remove			
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w <u> </u>			Add			
			Remove			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EC Pro Pa (Name of the Limited Lia (A Flo	Annying & Main tenance ability Company as It now appears on orid a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	ity · Company were filed onAU	1905+30,2013nd assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the ECPro Pain+ The new name must be distinguishable and end with the "L.L.C."	ing Services LL	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)		
Enter new mailing address, if applicable:	<u> </u>	13 00 TO
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our r address here:	ecords, enter the name of the new
Name of New Registered Agent:		\$>+'
New Registered Office Address:	Emer F	luridu street address
	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registe 1 red 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.

M Changing Registered Agent, Signature of New Registered Agent

. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	october 28 . 2013.
	Efram Rolls
	Signature of a member or authorized representative of a member Etvair Col(2.de)
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00