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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

TIFO

S. WARREN 0CT 2 0 2016

COVER LETTER

TO: Registration S Division of C			
SUBJECT:	EC SQU Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Ong Prieston Name of Person	
	23	Squared LCC Firm/Company	
	13379 McG	Vector Blyd Stc 2	, —
	- fat My	City/State and Zip Code	
	elence f	Cify/State and Zip Code Cify/State and Zip Code to be used for future annual report notif	fication)
For further information	concerning this matter, please c		
Elena Pr	iester of Person	at (<u>234</u>) <u>278</u> Area Code Daytime	COZK
1 (LITTLE	or reison	Act Code Dayling	receptione (value)
Englosed 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

	EC Squared	CLC	
(Name of the Limited	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number (13000) 25	• • •	9/5/13	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ble:		Range and an arrangement
(Principal office address MUST BE A STREET	ADDRESS)	200	areas areas
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	Y OF STATE HE. FLORIDA	°
B. If amending the registered agent and/o registered agent and/or the new registered offi		our records, enter t	he name of the nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florid	la street address	
		, Florida	
	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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Eric Eiselman	13379 McGrayor Blud Ste Z	Add
		13379 McGragor Blud Ste Z At Myers, SL 33919	Remove
			□ Change
	Ion Flynn	13379 McGreyer Blud Stc Z	
		13379 MiGreyer Blud Stc Z A myers, F1 33919	Remove
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Filing Fee: \$25.00