

U13000136198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

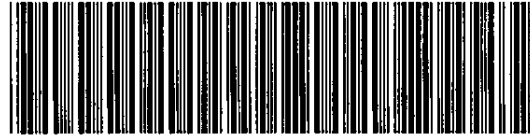
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

MAR 06 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ECC SALES 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:

JOVEL JENKINS

Name of Person

ECC SALES LLC

Firm/Company

2632 HOLLYWOOD BLVD. SUITE 207

Address

HOLLYWOOD , FLORIDA 33020

City/State and Zip Code

JOVELJ@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOVEL JENKINS

954

410 1864

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2016 FEB 24 PM 2:43

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ECC SALES 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 09/26/2013 and assigned
Florida document number L13000136198.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 2632 HOLLYWOOD BLVD. SUITE 207
HOLLYWOOD, FLORIDA 33020
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1830 NOTH UNIVERSITY DRIVE
SUITE 360
PLANTATION, FL 33322
(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent: JOVEL JENKINS

New Registered Office Address: 2632 HOLLYWOOD BLVD. SUITE 207

Enter Florida street address

HOLLYWOOD, FLORIDA 33020

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHNSTON, LINDY A	4244 NW 12 ST	<input type="checkbox"/> Add
		LAUDEHILL, FLORIDA	<input checked="" type="checkbox"/> Remove
		FL 33313	
MGR	JENKINS, JOVEL	P.O. BOX 16923	<input checked="" type="checkbox"/> Add
		PLANTATION, FLORIDA	<input type="checkbox"/> Remove
		FL 33318	
AMBR	JENKINS, JOVEL	P.O. BOX 16923	<input type="checkbox"/> Add
		PLANTATION, FLORIDA	<input checked="" type="checkbox"/> Remove
		FL 33318	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

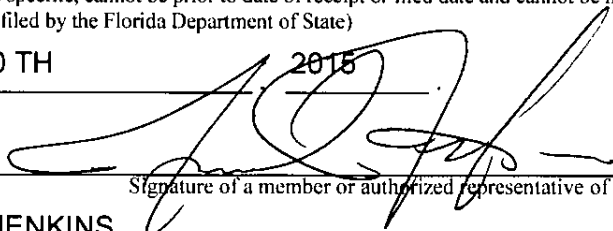
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FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 20 TH 2015



Signature of a member or authorized representative of a member

JOVEL JENKINS

Typed or printed name of signee

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Filing Fee: \$25.00

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