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COVER LETTER

TO:

TO:	Registration Sec Division of Corp				
	ECC SALE	S LLC			
SUBJF	CT:	Name of Lim	ted Liability Company		
The end	closed Articles of .	Amendment and fee(s) are sub-	nitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Jovel Jenkins			
			Name of Person		
		ECC Sales LLC			
			Firm-Company		
		4701 SW 45th street			
			Address		
		Davie, FL 33314			
			City/State and Zip Code		
		Jovelj@yahoo.com			
e e			to be used for future annual	report notifica	don)
		oncerning this matter, please co			
Jovel	Jenkins		954 410-1864 at ()		
	Name o	í Person	Area Code	Daytime To	elephone Number
Enclos	ed is a check for th	e following amount:			
□ \$2.	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$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, F1, 32314		Registrat Division Clifton B 2661 Exc	ion Section of Corporati	er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECC SALES LLC

mpany has been notified in writing of this change.

(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 w Florida document number L13000136198	vere filed on ^{2/5/2019}	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain u.e. words. U. or ten Liabilité	y Combally, Intersesignation in J	UC is in electric to the C
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		FILED PH 2: 18
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		PM 2: 18
B. If amending the registered agent and/or registered office address here:		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		Florida
lew Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete p	. , ,	

If Changing Registered Agent, Signature of New Registered Agent

scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
AMBR	Tiffany Kelly	4401 Crystal Lake Drive #202 Pompano Beach, Florida 33064	= Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			7. Add
			☐ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			□? Change
			⊒ Add
			□ Remove
			□ Change

D.	. If amending any other information			
	control document signer			
		r I 04 26	o	
E.	. Effective date, if other than the d (If an effective date is listed, the date must l	February 06, 20 late of filing:		(optional) s after filing i Pursuant to 605 (1207 (3)(b)
	Note: If the date inserted in this bloc document's effective date on the Der	ck does not meet the applicable	statutory filing requiremen	s, this date will not be listed as the
	the record specifies a delayed o). The 90th day after the reco		n effective time, at 12	01 a.m. on the earlier of:
	Dated February 06,	2019		
	; (,	
	S	ignature of a member or authorize	d representative of a member	
	Jovel Jenkins	, ,		

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Typed or printed name of signee

Filing Fee: \$25.00