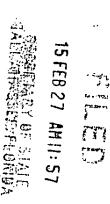
## L14000 185557

Office Use Only



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## COVER LETTER

TO:		istration Sec sion of Corp							
		ECC12, L	LC						
SUBJE	Name of Limited Liability Company								
The enc	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.					
Please re	eturn	all correspon	dence concerning this matter	to the following:					
			Maja Lajevec						
				Name of Person					
			ECC12, LLC						
				Firm/Company					
		1901 Stratford way							
				Address					
	West Palm Beach, FL, 33409								
			eccfirm@gmail.com	City/State and Zip Code					
			E-mail address: (t	to be used for future annual	report notification	1)			
For furtl	her in	formation co	ncerning this matter, please ca	all:					
Maja	Laje	vec		305 72	21-9969				
		Name of	Person	Area Code	Daytime Telep	ohone Number			
Enclose	d is a	check for the	e following amount:						
\$25.	.00 F	iling 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, 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

ECC12\_LLC

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number L14000185553	ny were filed on December 04, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited L	_iability Company," the designation "LLC" or the abl	 previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		he name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Coden
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	<b>35</b> 7

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	Enes Cumurovic	1901 Stratford way	
		West Palm Beach	■ Remove
		FL, 33409	
			Add
			Remove
		-	
			□ Remove
			Add
			15 度 B 27
	<del></del>		☐ Add T
		- AMAR SV No ROSS S	Remove
	-		
			□ Remove

. If amending any other information, enter change(s) here: (Attach ad	unional success, y necessary.)
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and car the date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
Dated February, 19 2015	
Layevec	
	ativa at a mambar
Signature of a member of authorized represent  Maja Lajevec	ative of a member

Page 3 of 3

Filing Fee: \$25.00

