LISACOBASTA

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COVER LETTER

TO	: Registration Sec Division of Corp						
SUI	BJECT: E - C	Consign LLC					
		Name of Lim	ited Liability Company				
The	enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Plea	ase return all correspon	dence concerning this matter	to the following:				
			Robert Lee				
			Name of Person			-	
			Firm/Company			-	
		36	3 Garden Sta	ee +			
			Address	, ,		-	
		DeLand.	Florida, 327	20			
			City/State and Zip Cod	e		•	
		im lost rob 0	2 @ gmail - Conto be used for future annu	<i>M</i>	A-1-C		
For	further information co	ncerning this matter, please co		ai report no	uncation)	205	ncauge of
	Robert Lee		at (407)	373		MAY 29	
Enc	Name of losed is a check for the		Area Code	Daytir	ne Telephone Number	AMII: 2	
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		Certified	te of Status &	

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

E-Consig	
(Name of the Limited Liability Com (A Fiorida Limite	mpany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L15000036572</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	
The new name must be distinguishable and end with the words "Limited L	
Enter new principal offices address, if applicable:	and the second s
(Principal office address MUST BE A STREET ADDRESS)	;;;
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	27
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent: Karis	s Lee
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is

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

	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Karis Lee	363 Garden Street	Z Add
		DeLand, FL 32720	□ Remove
			□ Add
			□ Remove
			
			□ Add
			29 A TO Add To A
			Add
			□ Remove
			Remove

rective date, if other than the date of filing: (optional) (opti	ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Possible to 155 50 50 50 15 15 15 15 15 15 15 15 15 15 15 15 15	-	
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Page 3 of 3

Filing Fee: \$25.00