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## **COVER LETTER**

	Registration Se Division of Co					
SUBJEC		national LLC				
SOBJEC		Name of Lin	nited Liability Company			
		Amendment and fee(s) are sub				
		Julie Jenkins				
			Name of Person			
			Firm/Company			
		7955 Tumblestone Drive				
		·-	Address			
		Orlando, FL 32819				
		City/State and Zip Code Julie@jrjservicestle.com				
			to be used for future annual report no	tification)		
For further	er information c	oncerning this matter, please c	all:			
Julie Jenl			407 446-7574			
	Name o	f Person	at () Area Code Dayti	me Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	0 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECE International 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 09/09/2015 and assigned Florida document number \_\_\_\_\_115000151104 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address , Florida City

## 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
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E. Effective date, if	other than the date o	of filing: 9/16/2020		(optional	)	
Note: If the date in	listed, the date must be spec nserted in this block doe	es not meet the applica	o date of filing or more ble statutory filing r	than 90 days after filing equirements, this date	g.) Pursuant to 605.03 e will not be listed	107 (3)(1 as the
document's effective	ve date on the Departmo	ent of State's records.				
If the record specifies a record is filed.	delayed effective date, l	but not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after th	ıe
Dated September	16	2020				
		nkins are of a member or author	ized representative of	a member		
Julie Jer						
	118.1145	Typed or printed	I name of signee			

Filing Fee: \$25.00