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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : T20019000062 Phone : (323) 962-8600

Fax Number

; (323) 962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ECS ACCESS, LLC

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**EXAMINER** 

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## **COVER LETTER**

TO: Registration : Division of Co				
ECS AC	CESS, LLC			
	Name of Li	mited Liability Company	•	
The enclosed Atticles o	f Amendment and fee(s) are su	hmitted for filing.		
	condence concerning this matte			
	Cheyenne Moseley			
		Name of Person		
	Legalzoom.com, Inc.			
		Firm/Company		
	101 N. Brand Blvd., 11	th Floor		2019
		Address		, <u>, , , , , , , , , , , , , , , , , , </u>
	Glendale, CA 91203			
	<del> </del>	City/State and Zip Code	<del></del>	
	scott@ecierge.com			
For further information	t-mail address: concerning this matter, please c	(to be used for future nanual report notific call:	ation)	JAN 17 AM 9: 0
Cheyenne Moseley		800 773-0888 ext	. 9724	<u></u>
Name (	of Person		elephone Number	<del></del>
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	SSS.00 Filing Fee &     Certified Copy     (additional copy is enclosed)	Certified C	of Status &
Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURIER Registration Section Division of Corporati		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## To: Page 5 of 7

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECS ACCESS, LLC			
(Nume of the Limited Limbibry Co (A Florida Lim	mpany as it now appears on ited Liability Company)	our records.)	···
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000057792</u>	pany were filed on 03/22.	/2016	_ and assigned
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 ond with the words "Limited	Liability Company," the design	gnation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
			2019
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered		- 	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	1 office address on ou <u>here</u> :	r records, enter the	bame of the new
Name of New Registered Agent:			
New Registered Office Address:	-		
	Enter Florida sa	reet address	
<del></del>		, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	City		Zip Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officent pays has been notified in writing of this change.	egree to act in this capa ete performance of my c as provided for in Chap	luties, and Lam fam. ter 605 FS Or if t	iliar with and his document is
ĬĨ C	hanging Registered Agent	ionnium of New Dunier	wad tunnt

Page 1 of 3

MGR = Manager

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:

AMBR = Authorized Member Title Name Address Type of Action MGR ECIERGE INC 990 BISCAYNE BLVD □ Add MIAMI, FL 33132 \_⊠ Remove AMBR BARRY PIERRE 134 NE 83RD STREET MIAMI, FL 33138 President Scott Vaughan Evans 990 BISCAYNE BLVD SUITE 501 MIAME, FL 33132 **MGR** Scott Evans 990 Biscayne Blvd Suite 501 Miami, Florida 33132 \_ \_\_ 🗆 Remove ECS Services Group Inc. MGR 11455 SW 40th Street ... 🗷 Add Miami, Florida 33165 \_\_ 🗆 Remove D Add \_\_ 🗆 Remove

2019 JAN 17 AM 9: 01

. If amending any other information	n, enter change(s) here: (Attach o	dditional sheets, if necessary.)	
		· <u> </u>	
Effective date, if other than the di (The effective date must be specific, cannot the date this document is filed by the Flori	ate of filing:  be prior to date of receipt or filed date and or da Department of State)	(optional) muot be more than 90 days after	
Dated January 17th	2019		
Si	Signature of a member or mithorized representative of a member		
	Scott Evans		
	Typed or printed name of sign	nce	

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Filing Fee: \$25.00