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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ECC	Samon \ Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Annie	Sean Simily	1
	E(0 81	Firm/Company	
	206 water	Erway Unlage	s Ct_
	Green	City/State and Zip Code	413
	E-mail and dress: (1	MIE 3611 O NOT ME to be used for fullura innual report notific	ation)
For further information co	ncerning this matter, please ca	all:	
Thmiesec Name of	DN SAMM	$\frac{1}{\text{Area Code}} = \frac{300}{\text{Area Code}} = \frac{300}{\text{Daytime}}$	LSZS Telephone Number
Enclosed is a check for th	-		
\$25.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECO Simon 11C		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 16600141480.	ere filed on D7/28/2016 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability"	lices & Property maintenance 1	ļ
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)	Z0 20	
	9 J. 17	
B. If amending the registered agent and/or registered offi 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 Zip Code	
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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad r removed from our records:					
MGR = Manager AMBR = Authorized Member					
<u> Fitle</u>	Name	Address	Type of Action		
			Add		
			Remove		
			Change		
			Remove		
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			—————————————————————————————————————		
			Change		
			Add		
			Remove		
			Change		
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D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)
70.19
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 66/04/19 thriex
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00