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Louis M. Barrios-Balbin Attorney at Law 201 Alhambra Circle, Suite 500 Coral Gables, FL 33134

September 27, 2019

### <u>Via Federal Express</u> <u>Tracking Number 7763 5634 5958</u>

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

Re: Articles of Amendment

ECA Solutions, LLC

Document No. L17000141766

Dear Madame or Sir:

Please be advised that this office represents ECA Solutions, LLC. Enclosed please find Articles of Amendment, along with a check, numbered 1720, in the amount of \$30.00, which represents the filing fee for the amendment and the certificate of status. If you have any questions regarding this matter, please feet free to contact me.

Very truly yours,

Louis M. Barrios-Balbin

LMBB/yv Enclosures

Cc: ECA Solutions, LLC (via electronic correspondence)

# **COVER LETTER**

TO:

TO:	Registration Se Division of Cor						
SUBJEC	ECA SOLU	JTIONS, LLC					
SUBJEC	~1. <u> </u>	Name of Lim	ted Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Płease re	turn all correspo	ondence concerning this matter	to the following:				
		Louis M. Barrios-Balbin, f	Esq.				
			Name of Person	··········			
		Barrios-Balbin, P.A.  Firm/Company  201 Alhambra Circle, Suite 500  Address  Coral Gables, Florida 33134  City/State and Zip Code  louis@barriosbalbinpa.com  E-mail address: (to be used for future annual report notification)  rmation concerning this matter, please call:  os-Balbin, Esq.  Name of Person  Area Code  Daytime Telephone Number  neck for the following amount:  ng Fee  \$30.00 Filing Fee & \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$					
			Firm/Company				
		201 Alhambra Circle, Suite	: 500				
			Address				
		Coral Gables, Florida 33134					
			City/State and Zip Code				
		E-mail address: (	to be used for future annual report noti	fication)			
For furth	er information c	oncerning this matter, please ca	all:				
Louis M	I. Barrios-Balbin	, Esq.					
	Name o	f Person		e Telephone Number			
Enclosed	l is a check for th	ne following amount:					
□ \$25.	00 Filing Fee						
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:			
		ration Section	Registration Section				
		on of Corporations ox 6327	Division of Corpor Clifton Building	rations			
		assee, FL 32314	2661 Executive Co	enter Circle			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECA SOLUTIONS, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Cor	mpany were filed on June 29, 2017	and assigned
Florida document number L17000141766	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3 386
		24 35CC
		JR AA
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.		iter the name of the new
Name of New Registered Agent:		. <del>.</del>
New Registered Office Address:		
	Enter Florida street address	
	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

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
		<del></del>	☐ Change
	<del></del>		
		<del></del>	Remove
			☐ Change
			Remove
			Change
			Add
			□ Remove
			Change
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			□ Remove
			Change
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			Remove

\_ Change

	he percentage of ownership is as follows:					
N	Sicholas P. Adams - 40% of the units					
N	Mayra Reimer - 30% of the units					
J:	acques Leotaud - 30% of the units.					
T	his amendment amends the articles of amen	idment that are d	ated March 8, 201	8.		
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ote: I	we date, if other than the date of filing: etive date is listed, the date must be specific and of the date inserted in this block does not meent's effective date on the Department of Sta	et the applicable	ate of filing or more	(opti than 90 days after quirements, thi	onal) · filing.) Pursuant to s date will not be	o 605.02 : listed
, , , , , , ,	and a concentre date on the Department of Ste	ne 3 records.				
е гес	ord specifies a delayed effective da 90th day after the record is filed.	ite, but not ar	n effective time	e, at 12:01	a.m. on the e	arlier

Page 3 of 3

Filing Fee: \$25.00