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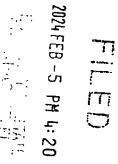
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# **COVER LETTER**

TO:

Registration Section

Division of C	Corporations		
ETCFL.	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Paul Biava		
		Name of Person	
	ETCFL, LLC		
		Firm/Company	_
	1800 Okeechobee Road, S	Suite 100	
		Address	
	West Palm Beach, FL 334	09	
		City/State and Zip Code	
	paul.biava@etc-florida.con		
	E-mail address: (	to be used for future annual report noti	fication)
For further information	n concerning this matter, please c	all:	
Paul Biava		561 2909281	
Name	e of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Seconds Division of Core The Centre of Tallahassee, FL	porations fallahassee e Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ETCFL, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) iability Company)	•
The Articles of Organization for this Limited Liability Company value document number L17000184295	were filed on 8/29/2017	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabil	lity company here:	
ETC Palm Beach, LLC		
he new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		2024 F
Principal office address MUST BE A STREET ADDRESS)		ā n
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nter new mailing address, if applicable:		THE U
Mailing address MAY BE A POST OFFICE BOX)		四月
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. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		<del></del> -
New Registered Office Address:	Form Florida du A	
	Enter Florida street address	
	Flori	da
	City	Zio 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Add
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			□Remove

## Page 2 of 3

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If an effective date Note: If the date	if other than the date of filing:
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ay after the record is filed.
January 2 Dated	2024
	Signature of a member or authorized representative of a member
	- I de la constant de