

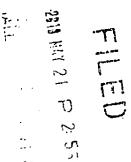
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5/23/18/05

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	Id MANAC	GER		
7	Name of Limi	ited Liability Company		
	Amendment and fee(s) are submodence concerning this matter	to the following:		
	Stephen	H. MANN		
	E Comp.	Name of Person  Name of Person  Name of Person  Firm/Company		
	1650 N	. HERCYles	Ave Suite L	
	ECONPER E-mail address: (1	City/State and Zip Code  City/State and Zip Code  Code Se Yaher  to be used for future agricular report note	33765 3 COM	
For further information co	oncerning this matter, please co		<u></u> 70	I
Steplar Name of	NJANN Person	at ( <u>727</u> ) <u>698</u> Area Code Daytim	P-8/3 4 5 5 19 19 19 19 19 19 19 19 19 19 19 19 19	****
Enclosed is a check for th	e following amount:			
□ \$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

ECOMPONENTS LO	$\mathcal{L}$			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on or d Liability Company)	ir records.)		
The Articles of Organization for this Limited Liability Compar Florida document number _ L/600/1576Z	ny were filed on	/08/18	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li-	ability company here:			
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designat	ion "LLC" or the abb	reviation "l	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		527 527	
	<del></del>		77	
Enter new mailing address, if applicable:			21	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			Π	
			n ÿ	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter	(L)	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stro	vet address		
	City	, Florida	Zip Code	<del></del>
	Cuy		zą 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>	Name	Address	Type of Action
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Filing Fee: \$25.00