L18000125457

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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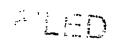
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COVER LETTER

TO: Registration S Division of Co			
Downing !	Properties, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Daniel Downing		
		Name of Person	
		Firm/Company	
	17 W Harvard Street		
		Address	
	Orlando, FL 32804		
		City/State and Zip Code	
	Eccholdings1@gmail.com	- 12 c	· · · · · · · · · · · · · · · · · · ·
For further information	n-mail address: i concerning this matter, please c	to be used for future annual report not all:	itteation)
Daniel Downing		727 501-5415 at()	
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for (the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	vation
Registration Division of C		Registration Se Division of Co	
P.O. Box 63	27	The Centre of	l'allahassee
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Downing Properties, LLC	ŗ		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our d Liability Company)	r recordsz)	
The Articles of Organization for this Limited Liability Companible Florida document number $\frac{L18000125457}{L18000125457}$.	y were filed on 05/18/201	8	_and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Eagle Crest Capital II, LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	on "LLC" or the abbre	viation "L.L.C."
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)		<u>.</u>	
B. If amending the registered agent and/or registered office	e address on our records.	enter the name o	f the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida street address		
		, Florida	Zip Code
	Cúy		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	te performance of my du s provided for in Chaptes	ties, and Lam fan r 605, F.S. Or. if i	iliar with and his document is

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

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<u>Title</u>	<u>Name</u>	Address 2021 JAN 14 AM 7: 03	Type of Action
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Effective date, if other than the date of filing If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not n document's effective date on the Department of S	g:
	t an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	t an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the $\frac{2021}{2000}$.
Dated January 11	

Filing Fee: \$25.00