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P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC	ECHO LAI	BS LLC	•	
. SOBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Ulises Anderson		
			Name of Person	
	SOLID ACCOUNTING LLC			
Firm/Company				
		240 N BISCAYNE RIVE	R DR	
			Address	
		MIAMI, FL 33169		
City/State and Zip Code				
		uanderson@yoursolidaccou	-	
For furth	er information c	rman address: (oncerning this matter, please co	to be used for future annual report notifi	cation)
		oneening the matter, product to		
Ulises A			786 309-3806 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	tion
	Division of C		Division of Corp	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECHO LABS LLC 2070 **** 19 Ph 6: 55

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/09/2018}{}$ ____ and assigned Florida document number L18000165454 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of 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 Citv

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ABRAHAM, YISRAEL	4302 HOLLYWOOD BLVD	□Ađd
		#199	■Remove
		HOLLYWOOD, FL 33021	
MGR Goldstein, Menachem M	Goldstein, Menachem M	4302 HOLLYWOOD BLVD	
		#199	
		HOLLYWOOD, FL 33021	Change
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		□Remove	
			□Change
			
			Remove
			□Change
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			□Remove
			☐ Change
			□Remove
			□Change

lf amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Note: If the	date, if other than the date of filing:
record sp d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated May	y 11 <u>2020</u>
	Signature of a member or authorized representative of a member
	Menachem M Goldstein
	Typed or printed name of signce