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COVER LETTER

Division of Co	rporations		
Pacific Ho	ldings ECM LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Allen Kahan		
		Name of Person	
		Firm/Company	
	2417 Jericho Turnpike, #3	67	
		Address	
	Garden City Park, NY 110	40	
	mariannek99@gmail.com	City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	all:	
Allen Kahan		917 279-7235	
Name	of Person	at ()	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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 FEB 22 PM 6: 42

Pacific Holdings ECM LLC (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 $\frac{12-26-2018}{1}$ and assigned Florida document number _____11900000247 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pacific Holdings AM ME LLC 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

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:

or removed i	Tom our records.		
MGR = Ma	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, i 'an effective date i	f other than the date o s listed, the date must be spec	f filing:	a date of filing or more tha	(optional) in 90 days after filing.) Purs	uant to 605.020°
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	/ **		ized representative of a n		

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Typed or printed name of signee

Filing Fee: \$25.00