## L19000022805

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C. GOLDEN FEB 1 4 2019

## **COVER LETTER**

TO: Registration Se Division of Cor					
ECORA IN	IVESTMENTS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CARLOS DE LIMA				
	-	Name of Person			
	ECORA INVESTMENTS	LLC			
		Firm/Company			
	186 SE 12TH TERRACE, APT 1004				
		Address	<del></del>		
	MIAMI, FLORIDA, 3313	I			
	ADMIN@ECORASAS.CC	City/State and Zip Code			
	E-mail address: (	to be used for future annual report notific	ation)		
For further information of	concerning this matter, please ca	all:			
CARLOS DE LIMA		305 9232076			
Name o	of Person	at ()	Celephone Number		
Enclosed is a check for t	he 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

FILED

ECORA INVESTMENTS LLC

company has been notified in writing of this change.

2019 FEB -8 PM 5: 28

(A Florida Li	imited Liability Compa	ny)	<u>ri</u> Ti din Qe State
The Articles of Organization for this Limited Liability Con Florida document number  L19000022805	npany were filed or	JANUARY 22N	D 2019 and assigned
	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability compan	y here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," (	the designation "LLC	"Or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address		ls, <u>enter the name of the no</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street addre	NS
		, <b>F</b> i	lorida
	City	,·,	lorida Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent an	nd agree to act in t	his capacity. I fu	urther agree to comply with th

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Address	Type of Action
MGR	CARLOS DE LIMA	186 SE 12TH TER, APT 1004 MIAMI, FL, 33131	<b>=</b> Add
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<u>ote:</u> If	the date inserted i	n this block doe	s not meet the app	olicable statu	tory filing red	quirements, thi	s date will not b	e listed :
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Typed or printed name of signee

Filing Fee: \$25.00