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## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:E	who Androde	LLC.	
	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:	
	Evel	n Advade Name of Person	
	Endy	n Androde, LLC Firm/Company	
	221(05 Bx	addack PL. P	
		ca Raton, FL: 334 City/State and Zip Code	£
	E-mail address: (	leevelin 8489ma to be used for future annual report not	itication)
For further information of	oncerning this matter, please co	all:	
Evely A	odrade	at ( <u>954</u> ) <u>638</u> -	8790 ne Telephone 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

## ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Evelyn Androde, LLC	2020 JUT 15 P* 4: 17
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\underline{O}$ .  Florida document number $\underline{L19009506}$ .	4 05 301 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here  ECA 5 dood HR Consolting and Busines  The new name must be distinguishable and contain the words "Limited Liability Company," the design	5 Solution 110
Enter new principal offices address, if applicable:	2 <b>2</b> 41
(Principal office address MUST BE A STREET ADDRESS)	A 20 8 n
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	L21 AMII:56
B. If amending the registered agent and/or registered office address on our reco agent and/or the new registered office address here:	ords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	
City	Florida Zip 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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