Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Fax Number : (850)617	-6383	•
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From:			دې
	Account Name : COMPANY : Account Number : 12016000		
	Phone : (866)428		
	Fax Number : (407)308	-0481	•
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MAY 22 2019

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COVER LETTER

	ation Sec n of Corp	ction porations		
	EA TEL:	ECOM, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Ai	ticles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		KIMBERLY MESA		~
		COMPANY COMBO, LL	Name of Person	
		2815 DIRECTORS ROW	Firm-Company STE 100	
		ORLANDO, FL 32809	Address	
		INFO@COMPANYCOMB		
For further infor	mution co	E-mail address: (incerning this matter, please of	o be used for future annual report noti dl:	lication)
KIMBERLY M	ESA		866 428-2030 at ()	
	Name o	l'Person	Area Code Daytim	e Telephone Number
Enclosed is a ch	eck for th	ne following amount:		
■ \$25.00 Film	g 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)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Lallahassee, Fl. 32	n rations rater Circle

DocuSign Erivelage ID. 9EF652E4-D558-4F6A-8080-0AA22C3AE500 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liability Company were filed on 64/30/2019 Florida document number 1.19000117638 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" 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)	and assigned
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" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
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Mailing address MAY BE A POST OFFICE BOX)	, , , , , , , , , , , , , , , , , , ,
 If amending the registered agent and/or registered office address on our records, egistered agent and/or the new registered office address here: 	s. <u>enter the name of the</u>
Name of New Registered Agent:	
New Registered Office Address:	
Emer Floridastreet address	
, Flor	rida ZipCode

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 statues 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

DocuSign Envelope ID: 9EF652E4-D558-4F6A-8080-0AA22C3AE500 H ainchaing Annorized Ferson(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 Javier alejandro guerra	Address AV. FERRERO TAMAYO.	Type of Action
AMBR	HIDALGO	AV. PERKERO TAMATO.	■ Add
		RESIDENCIAS VILLA HERMOSA, CASA #29	□ Remove
		SAN CRISTOBAL, TACHRA 5001 VE	Change
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Page 3 of 3

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