L190001360695

(Req	uestor's Ñame)	
bbA)	ress)	
(Adda	ress)	
(City/	/State/Zip/Phon	e #)
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COVER LETTER

	Division of Cor	porations		
SUBJI	ECHO TRA	ANSACTIONS LLC		
			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ECHO FAITH CASWELL	-	
			Name of Person	
			Firm/Company	
		10015 MONTAGUE ST		
			Address	
		TAMPA. FL 33626		
			City/State and Zip Code	
		ECHOTRANSACTIONS@		
		E-mail address: (i	to be used for future annual report notific	ation)
For furt	her information co	oncerning this matter, please ca	ıll:	
ЕСНО	FAITH CASWEL	L	727 858-7207	
	Name of	Person	at ()	Felephone Number
Enclose	d is a check for the	e 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:

TO:

Registration Section

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

JAE TRANSACTIONS LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 05/21/2019	and assigned
Florida document number L19000136695		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
ECHO TRANSACTIONS LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>, </u>
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>cr</u>	SECULATION SEE the name of the new tables
Name of New Registered Agent:		
New Registered Office Address:	Provide the second of	
	Enter Florida street address	
	, Florid	
	City	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>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
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(If an effe Note: 1	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	E. Cho F. Chowe LL Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00