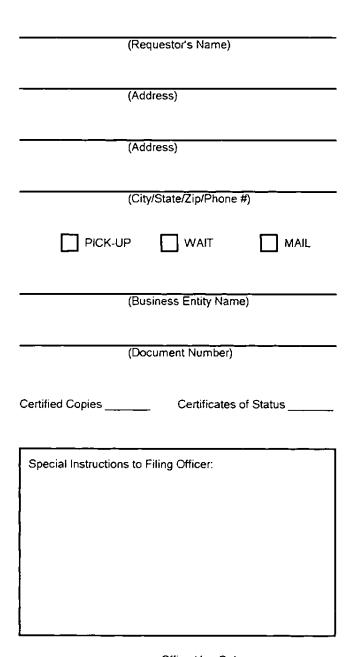
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Office Use Only



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R. WHITE MAR 2 3 2020

COVER LETTER

	Registration Se Pivision of Cor			
SUBJEC	EC WRAP2 Γ:			
SUBJEC	'	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	_	
		Pedro Murillo		
			Name of Person	
		EC WRAPZ		
			Firm/Company	
		413 sw 4th terrace #2 rear		
			Address	
		Hallandale Beach Fl 33009)	
			City/State and Zip Code	
		pedror.murillo@gmail.com	to be used for future annual report n	otification)
For further	r information o	oncerning this matter, please of	•	(Anneadon)
Pedro Mu	rillo		786 683-8603	
	Name o	f Person		time Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.0	0 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 Addres		Street Address: Registration S	
Registration Section Division of Corporations			Division of C	Corporations
	O. Box 632 allahassee, I		The Centre of	f Tallahassee roe Street, Suite 810
1	ananassee, I	L J4J 14	Z413 N. WION	TOC STECT, SUITE OIL

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	207015 F1112: 00
EC WRAPZ LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000252217	were filed on 10/07/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2112 Pierce St,
Principal office address MUST BE A STREET ADDRESS)	Hollywood, Fl 33020
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	, Florida

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
	· · · · · · · · · · · · · · · · · · ·		□Add
			□ Remove
			Change
			DAdd
			□ Rcmove
			Change
			□Remove
			Change
		 	DAdd
		 	□Remove
			Change
			DAdd
			□Remove
			□Change
	-		□Add
			□Remove
			∏Change

Thank you	
·	
	*
	
	
	03/02/2020
Tective date, if	other than the date of filing: (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	nserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cument's effecti	ve date on the Department of State's records.
ecord specifies a is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is med.	
March 2nd	2020 // //
ated	

Filing Fee: \$25.00

Typed or printed name of signee