

L20 000032146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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2020 OCT 24 14:09:43

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OCT 24 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECLINPRO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REINIER TULA MEDEROS

Name of Person

ECLINPRO LLC

Firm/Company

1581 W 49TH ST #231

Address

HIALEAH, FL 33012

City/State and Zip Code

REINIER@ECLINPRO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REINIER TULA MEDEROS

786

3994216

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020-11-19 9:43

EC1INPRO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/27/2020 and assigned
Florida document number L20000032146.

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1581 W 49TH ST #231

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH, FL 33012

Enter new mailing address, if applicable:

1581 W 49TH ST #231

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH, FL 33012

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1581 W 49TH ST #231

Enter Florida street address

HIALEAH

City

Florida 33012

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

11/15/15 11:09:13

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	REINIER TULA MEDEROS	1581 W 49TH ST #231	<input type="checkbox"/> Add
		HIALEAH, FL 33012	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOSE L TULA ZAMORA	1581 W 49TH ST #231	<input type="checkbox"/> Add
		HIALEAH, FL 33012	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	IANA DE LA TORRE QUINTANA	1581 W 49TH ST #231	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 SEP 15 PM 9:43

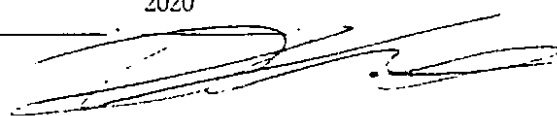
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 9TH 2020


Signature of a member or authorized representative of a member

REINIER TULA MEDEROS

Typed or printed name of signee

Filing Fee: \$25.00