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COVER LETTER

	Registration Sect Division of Corpo			4	
SHR IEA	ECUADENT				
SOBJEC		Name of Lim	ited Liability Company		
The encl	osed Articles of Ai	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspond	dence concerning this matter	to the following:		
		DANIEL B. DARRISSI			
			Name of Person		-
			Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: NIEL B. DARRISSI Name of Person Firm/Company 0 SAINT AUGUSTINE ROAD Address CKSONVILLE, FL 32217 City/State and Zip Code E-mail address: (to be used for future annual report notification) ng this matter, please call: at () Area Code Daytime Telephone Number wing amount: 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	-	
		6150 SAINT AUGUSTIN	E ROAD		_
			Address		-
		JACKSONVILLE, FL 322	17		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	-
		E-mail address: (to be used for future annual repo	rt notification)	
For furth	er information con	cerning this matter, please co	all:		
			at ()		
	Name of P	erson	Area Code D	aytime Telephone Numbe	r
Enclosed	is a check for the	following amount:			
≡ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifica Certified	ite of Status & I Copy
	Mailing Address:		Street Addre	ss:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ECUADENTAL, PLLC	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability (ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill forida document number	led on 04/21/2020 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability cor	npany here:
he new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	20
Enter new mailing address, if applicable:	OES F
	- L
Mailing address MAY BE A POST OFFICE BOX)	-0
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
Cin	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DANIEL B. DARRISSI	7650 OLD KINGS ROAD SOUTH	= Add
		JACKSONVILLE, FL 32217	□ Remove
			□Change
			Remove
			□Change
	 		Add Remove
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record :	specifies a delaye d.	d effective date,	but not ar	i effective t	ime, at 12:0	1 a.m. on th	e earlier of: (ł) The 90th	day after the
Dated _	DECEMBER 3		·	2020					
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Filing Fee: \$25.00