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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
	LESALE USA LLC	! ◆ *		
SUBJECT:	· Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
	INCFILE.COM LLC			
		Firm/Company		
	17350 STATE HWY 249	STE 220		
		Address		
	HOUSTON, TX 77064			
		City/State and Zip Code	, . -	
	EFILE1234@INCFILE.CC	M to be used for future annual report no	tification)	
For further information of	concerning this matter, please c	· · · · · · · · · · · · · · · · · · ·	······································	
	concerning and marcer, preuse c			
LOVETTE DOBSON		888 462-3453		
Name o	of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for t	he 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 Addre Registration		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee,			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EC WH	OLESALE USA LLC	
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our real Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Corida document number L20000147376	Company were filed on 06/01/2020	and assigned
	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our records, <u>e</u> r	nter the name of the new registe
N. CN. D. C. IA		
Name of New Registered Agent:		
New Registered Office Address:	F Fl J	ddwys
	Enter Florida street address	
-	City	, Florida
	City	hip 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 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
AMBR	Eduardo Fajardo	628 Bay Cove Dr	□Add
		Tarpon Springs, FL 34689	■Remove
			□Change
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
<u>-</u>			□ Add
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			□Change
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			□Remove
			Change
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			□Remove
			□ Change

Effective date, if other than the date of filing: [In 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 605.02 (Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a focument's effective date on the Department of State's records. [Precord 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 dis filed. [Precord 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 dis filed. [Precord 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 distribution of the precord			
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Signature of a member or authorized representative of a member	Pated		
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Signature of a member of authorized representative of a member	_ Clip	men tagardo	U)
		Signature of a fember of authorized representative of a m	nember
	Carmen Fajardo		