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S. YOUNG

COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corpora			
SUBJECT:	Ecron Mas	AZINE LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subr	mitted for filing.	
Please return all corresponden	ice concerning this matter t	to the following:	
_	ZUNAY (Pase W	
	JA Pro	ABEW Name of Person FELSIONAL SERVICE	27
_	· 	Firm/Company	_
	1800W 68	8 ST #112-	
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	ifialeah.	LC 33014	
_	E-mail address:	City State and Zip Code Cook Stord, Cook o be used for Agure annual report notific	cation)
For further information conce	•		
ZUNAY	245ELD	305 31039	165
Name of Pers	son	Area Code Daytime	Telephone Number
Enclosed is a check for the fol	llowing amount:		
\$525.00 Filing Fee	3 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sect		Registration Sectorial Division of Corp	
Division of Corpo P.O. Box 6327	QI a (I OHS	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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CRECIAL MARCA	rine, UC	
(Name of the Limited Liability (A Florida I	Company as it now appears on of Limited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L 2000 180699	mpany were filed on	A 2020 and assigned 5
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE		tion "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reet address
		Florida
	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
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		Signature of	a member of author	rized representative (ot a member	

Filing Fee: \$25.00