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COVER LETTER

TO: Registration So Division of Cor			*
Amend Ar	ticles of Organization		••
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Edward J. Echeverria		
		Name of Person	· -
	E.C MARECH LLC		
		Firm/Company	
	202 Mensh Ave		
		Address	<u> </u>
	Sebastian, FL 32958		
	ee.marechllc@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	tion)
For further information	concerning this matter, please ca	all:	
Edward J. Echeverria		347 3568767	
	6.0	at ()	elephone Number
Name	of Person	Area Code Daytine N	Explore 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

E.C. MARECH LLC

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

(A Florida Limited Liability Company)

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 Description of OCCorn Addresses	
New Registered Office Address:	Enter Florida street address
	Fli.l.

City

...nt.

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
AMBR	Carlos A. Echeverria	106 Nebraska Cir.	🗀 Add
		Sebastian, FL 32958	
			■Remove
AMBR	Edward J. Echeverria	202 Mensh Ave	□Change
	Taward J. Teneverna		= Add
		Sebastian, FL 32958	□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Change
			□ Add
			□Remove
			□Change

Sective date, if other than the date of filing:			2727 816 5 6 6	
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